



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 85914		2. Name of Corporation Final Touch Alterations, Inc.	
3. Street Address Principal Business Office 115 Maple Avenue			City Barrington
4. Business Phone No. 247-2424		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Clothing alterations and sewing.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Maria L. Leste		Vice President Name Maria L. Leste	
Street Address 26 Harris Avenue		Street Address 26 Harris Avenue	
City Warren	State RI	Zip 02885	City Warren
Secretary Name Maria L. Leste		Treasurer Name Maria L. Leste	
Street Address 26 Harris Avenue		Street Address 26 Harris Avenue	
City Warren	State RI	Zip 02885	City Warren
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Maria L. Leste		Director Name	
Street Address 26 Harris Avenue		Street Address	
City Warren	State RI	Zip 02885	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED 8,000 NO PAR VALUE			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares 100	Class/Series
			Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date FEB 02 2010

Check No. 9V 4423

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Maria L. Leste 2-1-10
Signature Date

Maria L. Leste
Print or Type Name
President
Title