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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 _____

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&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
64819	JHW SALON, INC.			
3. Street Address Principal Business Office		City	State	Zip
1376 MINERAL SPRING AVE		North Prov	R.I.	02904
4. Business Phone No.	5. State of Incorporation			
(401) 353-4199	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO conduct hairdressing parlor + BARBER SHOP for males and females.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
James L. DeSimone	9 Pleasant Ave	N Prov	R.I.	02911

Vice President Name	Street Address	City	State	Zip
Patricia DeSimone	9 Pleasant Ave	N. Prov.	R.I.	02911

Secretary Name	Street Address	City	State	Zip
Patricia DeSimone	9 Pleasant Ave	N. PROV.	R.I.	02911

Treasurer Name	Street Address	City	State	Zip
James L. DeSimone	9 Pleasant Ave	N. Prov.	R.I	02911

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
James L DeSimone	9 Pleasant Ave	N. Prov	R.I.	02911

Director Name	Street Address	City	State	Zip
~~James~~ & Patricia DeSimone	9 Pleasant Ave	N. Prov	R.I	02911

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED
500 Comm No Par Value

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐
ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500 Comm No Par	500	None

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.

[redacted]

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.

James L DeSimone 2/15/10
Signature *Date*

James L. DeSimone
Print or Type Name

President
Title

[redacted]

File Date	2-16-2010
Check No.	13179
By:	DS

FOR SECRETARY OF STATE USE ONLY

45169-8-486680

Form 630 Rev. 08/08