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

1. Corporate ID No.	2. Name of Corporation			
13375	ERIKA + Co UNL JNC.			
3. Street Address Principal Business Office		City	State	Zip
258 LIBERTY STR.		PAWTUCKET	R.I	02861
4. Business Phone No.	5. State of Incorporation			
AS ABOVE	R.I.			

6. Brief Description of the Character of Business Conducted in Rhode Island
HAIR STYLING - COSMETIC + HAIR PROD. SALES

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

President Name	Vice President Name
ERIKA FORSTER	PIROSHKA FORSTER PRICE
Street Address	Street Address
26 ELLENDALE	26 ELLENDALE
City / State / Zip	City / State / Zip
SO-ATTL. / MA / 02703	SO-ATTL. / MA / 02703
Secretary Name	Treasurer Name
PIROSHKA FORSTER-PRICE	ERIKA FORSTER
Street Address	Street Address
26 ELLENDALE	26 ELLENDALE
City / State / Zip	City / State / Zip
SO-ATTL. / MA / 02703	SO-ATTL / MA / 02703

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

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED

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
100		0

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]

[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.

Erika Forster — *Signature* — 2-22-2010 — *Date*

ERIKA FORSTER — *Print or Type Name*

Pres. — *Title* — Tel 401-726-6141

[redacted]

File Date FILED
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By: 3581
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Form 630 Rev. 08/08