



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

A. Ralph Molis, 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. <u>46860</u>		2. Name of Corporation <u>JUST FOR YOU</u>	
3. Street Address Principal Business Office <u>34 MEMORIAL BLVD WEST</u>		City <u>NEWPORT</u>	State <u>R.I.</u> Zip <u>02840</u>
4. Business Phone No. <u>1-401-849-2040</u>		5. State of Incorporation <u>RAHODE ISLAND</u>	
6. Brief Description of the Character of Business Conducted in Rhode Island <u>RETAIL CLOTHING - WOMEN'S FORMAL WEAR</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>MARILYN McDONALD</u>		Vice President Name <u>SAME AS PRESIDENT</u>	
Street Address <u>553 BELLEVUE AVE. UNIT 6</u>		Street Address	
City <u>NEWPORT</u>	State <u>RI</u>	City	State Zip
Secretary Name <u>SAME AS PRESIDENT</u>		Treasurer Name <u>SAME AS PRESIDENT</u>	
Street Address		Street Address	
City	State Zip	City	State Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <u>SAME AS PRESIDENT</u>		Director Name <u>SAME AS PRESIDENT</u>	
Street Address		Street Address	
City	State Zip	City	State Zip
Director Name <u>SAME AS PRESIDENT</u>		Director Name <u>SAME AS PRESIDENT</u>	
Street Address		Street Address	
City	State Zip	City	State Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares <u>100</u>	Class/Series <u>COMMON</u> Par Value <u>NO</u>

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.

File Date <u>FILED</u>
Check No. <u>MAR 01 2010</u>
By: <u>12326</u>
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.

Marilyn McDonald 2/10/10
Signature Date
MARILYN McDONALD
Print or Type Name
PRESIDENT
Title