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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			
62301	SPECIALLY FOR U INC.			
3. Street Address Principal Business Office		City	State	Zip
64 PUTNAM PIKE		JOHNSTON	RI	02919-2032
4. Business Phone No.	5. State of Incorporation			
401-232-3058	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
HAIRSTYLING OPERATIONS OF EVERY KIND

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

President Name	Street Address	City	State	Zip
LISA ARMSTRONG	NINE CARL AVENUE	NORTH PROVIDENCE	RI	02904

Vice President Name	Street Address	City	State	Zip
DAVID ARMSTRONG	NINE CARL AVENUE	NORTH PROVIDENCE	RI	02904

Secretary Name	Street Address	City	State	Zip
LUCILLE BELLEMORE	10 GRAY STREET	NORTH PROVIDENCE	RI	02904

Treasurer Name	Street Address	City	State	Zip
LISA ARMSTRONG	NINE CARL AVENUE	NORTH PROVIDENCE	RI	02904

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

Director Name	Street Address	City	State	Zip
LISA ARMSTRONG	NINE CARL AVENUE	NORTH PROVIDENCE	RI	02904

Director Name	Street Address	City	State	Zip
LUCILLE BELLEMORE	10 GRAY STREET	NORTH PROVIDENCE	RI	02904

Director Name	Street Address	City	State	Zip
DAVID ARMSTRONG	NINE CARL AVENUE	NORTH PROVIDENCE	RI	02904

Director Name	Street Address	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	COMM	NO 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.

[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.

Signature Lisa Armstrong *Date* 3/10/10

Print or Type Name Lisa A. Armstrong

Title President

File Date FILED MAY 18 2010

Check No. By 9674 + 9702

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