

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011
Filing Period: January 1 - March 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. 401.222.3040

1. Согрятаte ID No. 487918	2. Name of C Jennifer	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. 7-1.2-150). 2. Name of Corporation Jennifer Anthony Salon, Inc.				
3. Street Address Principal Business Office 346 Wood Street			City Bristol	State RI	Zip	
4. Business Phone No. 253-7715 5. State of Incorporation Rhode Island				1	02809	
6. Brief Description of the Cl. Hairdressing and cos	metołogy.					
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR ATT	ACHMENT) FILL I	N SPACES REFORE HEIN	C APPRACES A	
Anthony R. DeSand	ı le		TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name			
Street Address			Jennifer L. DeSano			
21 Lisa Lane			Street Address 21 Lisa Lane			
Bristol	State RI	^{Zip} 02809	City Deintel	State	Zip	
Secretary Name			Bristol	RI	02809	
Anthony R. DeSano, Jr.			Treasurer Name Jennifer L. DeSano			
Street Address 21 Lisa Lane			Street Address			
Thy			21 Lisa Lane			
Bristol	State RI	^{Zip} 02809	City	State	Zip	
. NAMES AND ADDRI		FCTORS: C"Y" FOY FOR AT	Bristol	R		
irector Name		ECTORS: ("X" BOX FOR AT	IACHMENT) [FILL] Director Name	IN SPACES BEFORE USI	NG ATTACHMENTS	
Anthony R. DeSano, Jr.			Jennifer L. DeSano			
ireet Address			Street Address			
1 Lisa Lane			21 Lisa Lane			
risy Bristol	State	Ζψ	City:	State	Zip	
irector Name	JRI	J 02809	Bristol	RI	02809	
			Director Name			
rect Address						
			Street Address			
ty	State	Zip	City	State	La.	
SHARES ATMITTON	_	}		Situle	Ζip	
SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
1			ISSUED SHARES — THIS SI	ECTION MUST BE COMPLETED	,	
his information is currently of record in the Office of the Secretary of tate. Changes require an additional filing. See Section 9 of astruction sheet.			Number of Shares	Class/Series	Par Value	
			500	Common	None	
. =						
is report must be exec	uted on behalf of th	e corporation by an authorize	1			
s report must be execu	ted on behalf of the	corporation by the receiver of	d representative. If the o	corporation is in the hand	s of a receiver or trus	
		, and of the receiver (л uasicc.			

	FILED
File Date Check No	JAN 28 2011
Ву:	8811
FOR SECI	RETARY OF STATE USE ONLY

Under penalty of perjury, I declar	e and affirm that I have examined this repor
The running any accompanying sche	Settles and Ostementowand that all it
contained herein are true and cor	yet.
1/	(// 1-26-11
Signature	Date
Anthony R. DeSano, J	المستحرا
Print or Type Name	
President	
Title	
	Form 630 Pay 09/09