

FOR SECRETARY OF STATE USE ONLY

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 _ 2011

| 1. Corporate ID No. | 2. Name of Corpo | | | | · · · · · · · · · · · · · · · · · · · | |
|--|--------------------------|-------------------------------|--|-----------------------|---------------------------------------|--|
| 000518467 | | Jimenez Beauty Services, Inc. | | | | |
| 3. Street Address Principal Business Office 587 Broad Street | | | Providence | State RI | 02907 | |
| 4. Business Phone No. 5. State of Incorporation Rhode Island | | | | | , | |
| Brief Description of the CharacBeauty Salon | ter of Business Conducte | d in Rhode Island | | ., | | |
| | ES OF THE OFFIC | ERS: ("X" BOX FOR ATTA | CHMENT) | S BEFORE USING | ATTACHMENTS | |
| President Name Norga Jimenez | | | Vice President Name None | | | |
| Street Address 41 Sinclair Avenue | | | Street Address | | | |
| City Providence | State RI | ^{Zip} 02907 | City | State | Zip | |
| Secretary Name None | | | Treasurer Name None | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | | | | | |
| | ES OF THE DIREC | TORS: ("X" BOX FOR ATT | _ | CES BEFORE USING | G ATTACHMENTS | |
| Director Name None | | | Director Name None | | | |
| Street Address | | | Street Address | | | |
| | | | | | | |
| City | State | Zip | City | State | Zip | |
| Director Name | J | | Director Name | .l | | |
| None | | | None | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. SHARES AUTHORIZED | l | | : 10. SHARES ISSUED ("X" | BOX FOR ATTACE | HMENT) | |
| | | | ISSUED SHARES — THIS SECTION | | • — | |
| 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. | | | Number of Shares | Class/Series | Par Value | |
| | | | 1,000 | Common | \$0.01 | |
| | | | guar dalke i | | | |
| This report must be execu | ted on behalf of the | corporation by an authorize | ed representative. If the corpora | ation is in the hands | s of a receiver or tru | |
| | | corporation by the receiver | | | | |
| = | | | | | <u>_</u> | |
| | | | | | | |
| | Strak Inne- | | Under penalty of perjury, | | | |
| —————————————————————————————————————— | -ED | | including any accompany contained herein are true | | itements, and that all si | |
| File Date CD 1 | N -10.44 | |) Cocaa | Jimenes - | 1/30/11 | |
| 118 |) 1 2011 | _ | Signature Signature | y vii wiwi | Date | |
| Check No. | mnc) | [| Norga Jimenez | 7 | | |
| BV // | | | 1 | | | |

President

Title