

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 02904-2615 401.222.3040

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.

\* 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(e). days after the time prescribed by law (R.I.G.L.

1. Corporate ID No. 136808	(L'PEARL	2 Name of Corporation L'PEARL SALON, INC.				
3. Mreet Address Principal Business Office  98 PReservoir Avenue			City: Cranston	State RI	Ζφ 02910	
4. Business Phone No. 401-944-//O  6. Brief Description of the Character of Business Conducted in Rhode Island Hair Salon and Possonal Conducted in Rhode Island					102910	
Train Guiori ariu Fersi	Olial Care RESSES OF THE OFF		ATTACHMENT) [ FILL I	N SPACES BEFORE USIN	G ATTACHMENTS	
Street Address 165 Holland Street, Unit 3			Street Address			
Cranston Secretary Name	State RI	7.ip 02920	Gity	State	Zų	
Street Address			Treasurer Name Beverly Greco f/k/a Beverly Manzi			
City State			Street Address 165 Holland Street, Unit 3			
•	State  ESSES OF THE DIRE	Zip	City Cranston	State RI	<sup>Zip</sup> 02920	
Director Name	DINI DINI	CTORS: ("X" BOX FOR	ATTACHMENT)  FILL  Director Name	IN SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address			Street Address			
CHY	State	Zip	Сиу	State	Zip	
Director Name			Director Name	······		
reet Address			Street Address			
in:	State	Zip .	City:	State	Zip	
	IMON NO	) PAR	ISSUED SHARES — THIS SI	I  O ("X" BOX FOR ATTACE  ECTION MUST BE COMPLETED	IMENT)	
This information is currently of record in the Office of the Secretary estate. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			100	Common	No Par	
his report must be executive report must be executive report must be executive.	cuted on behalf of the	corporation by an authoricorporation by the receive	ized representative. If the corr or trustee.	corporation is in the hands	of a receiver or trustee	
	En .		Under penalty of pincluding any acco	perjury. I declare and affirm the ompanying schedules and state	nat I have examined this rep	
Ie DateFEB_0	- <b>EU</b> 7 2011	_	contained herein a	te true and correct.	- 1/12/	
BY3/	06	_	Print or Type Name	ly ingri.	Date Gold Con	
FOR SECRETARY OF	F STATE USE ONLY		- pres	•		
••••			<b>V</b> Ittle		Form 630 Rev. 08/08	