



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 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 85914		2. Name of Corporation Final Touch Alterations, Inc.	
3. Street Address Principal Business Office 115 Maple Avenue		City Barrington	State RI
		Zip 02806	
4. Business Phone No. 247-2424		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Clothing alterations and sewing.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Maria L. Leste		Vice President Name Maria L. Leste	
Street Address 26 Harris Avenue		Street Address 26 Harris Avenue	
City Warren	State RI	Zip 02885	City Warren
		State RI	
		Zip 02885	
Secretary Name Maria L. Leste		Treasurer Name Maria L. Leste	
Street Address 26 Harris Avenue		Street Address 26 Harris Avenue	
City Warren	State RI	Zip 02885	City Warren
		State RI	
		Zip 02885	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Maria L. Leste		Director Name	
Street Address 26 Harris Avenue		Street Address	
City Warren	State RI	Zip 02885	City
		State	
		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
		State	
		Zip	
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES --- THIS SECTION MUST BE COMPLETED			
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 100	Class/Series Common
		Par Value None	

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.

FILED

File Date _____

Check No. FEB 09 2011

By: BY 4593

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.

Maria L. Leste ✓ 2/4/11

Signature Date

Maria L. Leste

Print or Type Name

President

Title