



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. 59842		2. Name of Corporation IMPRESSIONS FAMILY HAIR SALON, INC.			
3. Street Address Principal Business Office 863 NEWPORT AVENUE			City PAWTUCKET	State RI	Zip 02861
4. Business Phone No. 401-722-5250		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island HAIR SALON					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SUSAN J. THIBEAULT			Vice President Name SUSAN J. THIBEAULT		
Street Address 437 LIVERPOOL AVENUE			Street Address 437 LIVERPOOL AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name SUSAN J. THIBEAULT			Treasurer Name SUSAN J. THIBEAULT		
Street Address 437 LIVERPOOL AVENUE			Street Address 437 LIVERPOOL AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SUSAN J. THIBEAULT			Director Name		
Street Address 437 LIVERPOOL AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02861	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"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	COMMON	NO PAR

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 FEB 23 2011
 By [Signature]
 Check No. 2616
 By: _____
 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.

[Signature] 1-25-11
 Signature Date
Susan Thibault
 Print or Type Name
Pres
 Title