



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 02904-2611  
401.222.304

## 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.<br>300330                                  | 2. Name of Corporation<br>Primrose Group, Inc. |             |              |
| 3. Street Address Principal Business Office<br>5 Primrose Lane | City<br>North Providence                       | State<br>RI | Zip<br>02911 |
| 4. Business Phone No.<br>(401) 487-7754                        | 5. State of Incorporation<br>Rhode Island      |             |              |

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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

|                                   |  |             |             |              |              |
|-----------------------------------|--|-------------|-------------|--------------|--------------|
| President Name<br>David Vittorio  | Vice President Name<br>Doreen Vittorio |             |             |              |              |
| Street Address<br>5 Primrose Lane | Street Address<br>5 Primrose Lane      |             |             |              |              |
| City<br>North Providence          | City<br>North Providence               | State<br>RI | State<br>RI | Zip<br>02911 | Zip<br>02911 |
| Secretary Name<br>David Vittorio  | Treasurer Name<br>Doreen Vittorio      |             |             |              |              |
| Street Address<br>5 Primrose Lane | Street Address<br>5 Primrose Lane      |             |             |              |              |
| City<br>North Providence          | City<br>North Providence               | State<br>RI | State<br>RI | Zip<br>02911 | Zip<br>02911 |

### 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

|                                   |                                   |             |             |              |              |
|-----------------------------------|-----------------------------------|-------------|-------------|--------------|--------------|
| Director Name<br>David Vittorio   | Director Name<br>Doreen Vittorio  |             |             |              |              |
| Street Address<br>5 Primrose Lane | Street Address<br>5 Primrose Lane |             |             |              |              |
| City<br>North Providence          | City<br>North Providence          | State<br>RI | State<br>RI | Zip<br>02911 | Zip<br>02911 |
| Director Name                     | Director Name                     |             |             |              |              |
| Street Address                    | Street Address                    |             |             |              |              |
| City                              | City                              | State       | State       | Zip          | Zip          |

### 9. SHARES AUTHORIZED

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.

### 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| 3,000            | Common       | \$0.01    |
|                  |              |           |

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**

**MAR 01 2011**

File Date

Check No. By mmc

By: 18653

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

David Vittorio

Print or Type Name

President

Title

Date

2/19/2011