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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stree
Providence, RI 02904-261
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.	2. Name of Corporation
000124177	NUEVO ESTILO HAIR SALON LTD

3. Street Address Principal Business Office	City	State	Zip
1547 WESTMINSTER ST	PROVIDENCE	RI	02909

4. Business Phone No.	5. State of Incorporation
401-273-1584	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A HAIR SALON COSMETIC SERVICE

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
FERNANDO A. TAVERAS	134 ATLANTIC AVE	PROVIDENCE	RI	02907

Vice President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

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

Director Name	Street Address	City	State	Zip
FERNANDO A TAVERAS	134 ATLANTIC AVE	PROVIDENCE	RI	02907

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	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
1000	CNP	0.00

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.

[redacted]

FILED

File Date MAY 04 2011

Check No. 1115

By: BY

62171-5-606349
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature *Date* 4/14/11

FERNANDO TAVERAS
Print or Type Name

President
Title

[redacted]

Form 630 Rev. 08/08