STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
75304	Marianne's Hair Company			
3. Street Address Principal Business Office		City	State	Zip
1927 Kingstown Rd		S. Kingstown	RI	02883
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-782-2550	RHODE ISLAND			8110

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OWN AND OPERATE A FULL SERVICE BEAUTY SALON.

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

President Name			Vice President Name		
Marianne DePerry					
Street Address			Street Address		
93 Columbus BLVD					
City	State	Zip	City	State	Zip
Cranston	RI	02910			
Secretary Name			Treasurer Name		
Paul DePerry					
Street Address			Street Address		
93 Columbus BLVD					
City	State	Zip	City	State	Zip
Cranston	RI	02910			

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600 COMM NO PAR VALUE			600	Comm	NO PAR VALUE

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

75304

File Date 3/2/04
Check No. 1099
By: SC
FOR SECRETARY OF STATE USE ONLY

[redacted]

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

Signature of Officer — *Date* 3/8/04

Paul DePerry
Print or Type Name of Officer

[redacted]

Secretary
Title of Officer

Form 630 Rev. 12/03