STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

STOP
PLEASE READ
INSTRUCTIONS

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	RI			

7. Brief Description of the Character of Business Conducted in Rhode Island: Hair 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	Common	None	0		

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

FILED

File Date: MAY 23 2001 10:12 PM

Check No.: By

By:

FOR SECRETARY OF STATE USE ONLY

RECEIVED
MAY 23 3 12 PM '01
SECRETARY OF STATE
CORPORATIONS DIV.

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 of Officer — *Date* 5/23/01

Paul DePerry
Print or Type Name of Officer

Secretary
Title of Officer

Form 630 12/00