

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC	CK)				COMPLETE
1. Corporate ID No. 75304	2. Name of Corporation Marianne's	" Hair Company			
3. Street Address Principal Business (· ·	City	State	Zip
1927 KINGSTOWN ROAD		5. State of Incorporation	SO. HINBSTOWA	V RI	02883 6. SIC Code
(401) 782 - 2550 RHODE 7. Brief Description of the Character of Business Conducted in Rhode Island			ND		8110
	TY SALON				
				ala e	
8. NAMES AND ADDRESS President Name				to talk and the second	
MARINI	1-0-00	<i>i</i>	Vice President Name		
MAIHNNE	DEPERKY		War at 4.3.4		
Marie Address	last day	, .	Street Address		
President Name MARIANNE Street Address /6 MEADOWL City WESTERLY	SHKIC DRIV	∕ E Zip	au.		<u> </u>
INESTERIV	DT	42891	City	State	Zip
wes, eres	/	00011	_		
Secretary Name		•	Treasurer Name		
Street Address			Caraca A J.J		
Street Address			Street Address		
City	State	Zip	City	State	Zip
•		7	<i>5.2</i> ,	State	. Lip
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) Director Name	e de la companya de l	entral de la companya
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		***	Director Name	and the second second second second	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI	D AND ISSUED ("X	* BOX FOR ATTACHMENT)	,		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS COMM NO	PAR VALUE		Mana		
			None		
			* W		
This report must be signe	ed in ink by either	r the President, Vice P	resident, Secretary, Assist	tant Secretary, Treasure	r, Receiver or Tru
+8#111		Et (SB)			

* 7 5 3 0 4 *	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
1/10/10-	that all systements contained herein are true and correct.
File Date:	Margaret Deser 1/9/97
Check No.:	Signature of Officer Date
CAAA	MARIANNE B. DEPERRY
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT
	Title of Officer