

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ 2012

3 Street Address 4 Streets Address 4 Street Address 1104 Mooresfield Road City Wakefield Ri City State Common No par value Instruction sheet. City Common No par value Instruction sheet.	1. Corporate ID No. 47691	2. Name of Corporation GUYS & GALS HAIRSTYLING SALON, INC.				
6. Bind Description of the Character of Business Conducted in Mode Island 6. Bind Description of the Character of Business Conducted in Mode Island 6. Bind Description of the Character of Business Conducted in Mode Island 6. Bind Description of the Character of Business Conducted in Mode Island 6. Bind Description of the Character of Business Conducted in Mode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 7. Description of the Conducted Island 7. Street Address 7	3. Street Address Principal Business Office 343D Main Street					1 -
Ear piercing, facials, make-up, waxing, manicures, hair cutting, hair styling, braiding, tanning, etc. 7. NAMES AND ADRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name	10.1 20.1 20.1					
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Jean C. Waggoner Jean C. Waggoner				City	State	Zip
1104 Mooresfield Road 1104						
Wakefield RI 02879 NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Director Name Director Name Street Address 1104 Mooresfield Road City State Zip Wakefield RI 02879 Director Name Director Name Street Address Street Address Street Address Street Address Street Address 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. 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 truster.				i talan arang		
Director Name Director Name Director Name			^{Zip} 02879			^{Zip} 02879
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					corporation is in the hands	of a receiver or truste

FILED File Date JAN 30 2012 Check No. By MMC By: 6969	Under penalty of perjury, I declare and affirm that I have including any accompanying schedules and statements, contained herein are true and correct. Signature Date Description Type Name
FOR SECRETARY OF STATE USE ONLY	President Title