



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

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**

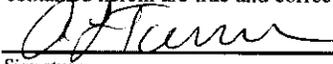
**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 161678		2. Name of Corporation Sassafrass Hair Salon, Inc.			
3. Street Address Principal Business Office 132 Old River Road, te. 205			City Lincoln	State Rhode Island	Zip 02865
4. Business Phone No. (401)333-6300		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Operates as a hair salon					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Andrea L. Turner			Vice President Name Andrea L. Turner		
Street Address 2390 Mendon Road			Street Address 2390 Mendon Road		
City Cumberland	State Rhode Island	Zip 02864	City Cumberland	State Rhode Island	Zip 02864
Secretary Name Andrea L. Turner			Treasurer Name Andrea L. Turner		
Street Address 2390 Mendon Road			Street Address 2390 Mendon Road		
City Cumberland	State Rhode Island	Zip 02864	City Cumberland	State Rhode Island	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Andrea L. Turner			Director Name		
Street Address 2390 Mendon Road			Street Address		
City Cumberland	State Rhode Island	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value NO PAR

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.

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 \_\_\_\_\_ Date 1/31/12

Andrea L. Turner

Print or Type Name

President

Title

<b>FILED</b>
File Date _____ FEB 06 2012
Check No. _____
By:  _____
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