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

1. Corporate ID No.	2. Name of Corporation			
161678	Sassafrass Hair Salon, Inc.			
3. Street Address Principal Business Office		City	State	Zip
132 Old River Road, te. 205		Lincoln	Rhode Island	02865
4. Business Phone No.	5. State of Incorporation			
(401)333-6300	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)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Andrea L. Turner			Andrea L. Turner		
Street Address			Street Address		
2390 Mendon Road			2390 Mendon Road		
City	State	Zip	City	State	Zip
Cumberland	Rhode Island	02864	Cumberland	Rhode Island	02864
Secretary Name			Treasurer Name		
Andrea L. Turner			Andrea L. Turner		
Street Address			Street Address		
2390 Mendon Road			2390 Mendon Road		
City	State	Zip	City	State	Zip
Cumberland	Rhode Island	02864	Cumberland	Rhode Island	02864

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

Director Name			Director Name		
Andrea L. Turner					
Street Address			Street Address		
2390 Mendon Road					
City	State	Zip	City	State	Zip
Cumberland	Rhode Island	02864			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	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.

[redacted] [redacted]

FILED
File Date
Check No. FEB 0 6 2012
By: BY 1063
FOR SECRETARY OF STATE USE ONLY

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 1/31/12 Date

Andrea L. Turner
Print or Type Name

[redacted]
President
Title