



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

A. Ralph Molis, 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)(2)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 97890		2. Name of Corporation AMICI SALON, INC.	
3. Street Address Principal Business Office 1218 Kingstown Road		City Peacedale	State RI
		Zip 02879	
4. Business Phone No. 789-1441		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island OPERATING A BEAUTY SALON BUSINESS WITH ANCILLARY AND RELATED SERVICES AND PRODUCTS SALE			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Julie A. Marzilli		Vice President Name None	
Street Address 206 Riverside Drive		Street Address	
City South Kingstown	State RI	Zip 02879	
Secretary Name Julie A. Marzilli		Treasurer Name Julie A. Marzilli	
Street Address 206 Riverside Drive		Street Address 206 Riverside Drive	
City South Kingstown	State RI	Zip 02879	City South Kingstown
			State RI
			Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Julie A. Marzilli		Director Name	
Street Address 206 Riverside Drive		Street Address	
City South Kingstown	State RI	Zip 02879	
Director Name		Director Name	
Street Address		Street Address	
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 MUST 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.

FILED

File Date **FEB 24 2012**

Check No. **1821**

By: _____

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 Date **2/23/12**

Julie A. Marzilli
Print or Type Name
President
Title