

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 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(codd)) is

subject to a penalty fee of \$25.00 1. Corporate ID No.						
582612		2. Name of Corporation SALON DENIZ, INC.				
3. Street Address Principal Business Office 49 Lilac Street			Cuy Cumberland	State RI	^{Zip} 02864	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Chara To own and operate a h		icted in Rhode Island			3.75au-m-1	
7. NAMES AND ADDRES: President Name	SES OF THE OFF	ICERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS	
Vildan Touma			Vice President Name Vildan Touma			
Street Address 49 Lilac Street			Street Address 49 Lilac Street			
^{City} Cumberland	State RI	^{<i>Zip</i>} 02864	City Cumberland	State RI	^{Zip} 02864	
Secretary Name Vildan Touma			Treasurer Name Vildan Touma			
Street Address 49 Lilac Street			Street Address 49 Lilac Street			
^{City} Cumberland	State RI	^{Ζίρ} 02864	City Cumberland	State RI	^{Zip} 02864	
3. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS: ("X" BOX FOR AT		N SPACES BEFORE USIN	G ATTACHMENTS	
None			Director Name			
Street Address			Street Address			
City	State	Zip	Gity	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
). SHARES AUTHORIZED	· '	ı		 <i>("X" BOX FOR ATTAC</i> CTION <u>MUST</u> BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			500	Common	\$1.00	
This report must be execu	ted on behalf of t	he corporation by an authorize	ed representative. If the c	orporation is in the hand	s of a receiver or trustee,	
his report must be execut	ed on behalf of th	e corporation by the receiver	or trustee.			
			Under nonalty of a	perium: I dealess and affirm	that I have examined this rep	
			including any acco	ompanying schedules and sta	that I have examined this repartements, and that all statements	
Fil	.ED		contained herein a	re true and correct.	27 75	
File Date	7 0040		J-11/6/	1 Kallock	<u>~~</u>	
Check No. FEB 2	7 2012		Signature		Date	
ev /	193		Vildan Touma Print or Type Name			
By:			President			
FOR SECRETARY OF	STATE USE ONLY		Title			
			ine		Form 630 Rev. 08/08	