



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. 114421		2. Name of Corporation ALBANY'S HAIR SALON			
3. Street Address Principal Business Office 747 CRANSTON STREET			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE OF HAIR SALON					
7. NAMES AND ADDRESSES OF THE OFFICERS: (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ALBANI LOPEZ			Vice President Name SAME		
Street Address 747 CRANSTON STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ALBANI LOPEZ			Director Name		
Street Address 747 CRANSTON STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,500	PAR VALUE		2,500	COMMON	NONE

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.

Albany Lopez 2/28/12
Signature Date

ALBANY LOPEZ

Print or Type Name

PRESIDENT

Title

FILED	
File Date	MAR 01 2012
Check No.	2046
By:	<i>BY</i>
FOR SECRETARY OF STATE USE ONLY	