



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>00 00 746 93</u>		2. Exact name of the Corporation <u>Beauty On Cathedral Sq Inc</u>			
3. Principal office address <u>41 Marconi St</u>		City <u>No Prov.</u>	State <u>RI</u>	Zip <u>02904</u>	
4. Business Phone No. <u>401 353 4923</u>		5. State of Incorporation <u>Prov. RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Hairstyling Parlor for Men + Women all type hair</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Margaret Moore Pres.</u>			Vice-President Name <u>Same</u>		
Street Address <u>41 Marconi St</u>			Street Address		
City <u>No Prov.</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Secretary Name <u>Same</u>			Treasurer Name <u>Same</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>Margaret Moore Pres.</u>			Director Name		
Street Address <u>41 Marconi St</u>			Street Address		
City <u>No Prov</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED <u>1000</u>			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.			NUMBER OF SHARES <u>1000</u>	CLASS/SERIES <u>STK</u>	PAR VALUE <u>0.00</u>

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 3/2/12
 MAR 05 2012
 Check No 7646
 BY [Signature]

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.

Margaret Moore
 Signature of Authorized Representative Date
Beauty On Cathedral Sq Inc 3/2/12
 Print or Type Name of Authorized Representative