STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, *Secretary of State*
Corporations Division
148 W. River St.
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*

*** 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. 106251	2. Name of Corporation ALLANTE SALON, INC.
3. Street Address Principal Business Office 592 Putnam Pike	City Greenville / State RI / Zip 02828
4. Business Phone No 934-4411	5. State of Incorporation Rhode Island
6. Brief Description of the Character of Business Conducted in Rhode Island to own and operate a beauty salon	

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

President Name: Patricia L. Arciero	Vice President Name: None
Street Address: 592 Putnam Pike	Street Address:
City: Greenville / State: RI / Zip: 02828	City: / State: / Zip:
Secretary Name: Patricia L. Arciero	Treasurer Name: Patricia L Arciero
Street Address: 592 Putnam Pike	Street Address: 592 Putnam Pike
City: Greenville / State: RI / Zip: 02828	City: Greenville / State: RI / Zip: 02828

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

Director Name:	Director Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	common	$1.00

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
51	common	$1 00

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

MAR 13 2012

File Date By

Check No. 2942

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 Patricia L. Arciero *Date* 2-26-12

Patricia L. Arciero
Print or Type Name

President
Title