



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. 517287		2. Exact name of the Corporation Twirl Hair Studio, Inc.								
3. Principal office address 19 Sanderson Road		City Smithfield	State RI	Zip 02917						
4. Business Phone No. 401-480-4316		5. State of Incorporation RI								
6. Brief description of the character of business conducted in Rhode Island Cosmetology										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Sarah CLARK			Vice-President Name Sarah CLARK							
Street Address 19 Sanderson Road			Street Address 19 Sanderson Road							
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917					
Secretary Name Sarah Clark			Treasurer Name Sarah Clark							
Street Address 19 Sanderson Road			Street Address 19 Sanderson Road							
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Sarah CLARK			Director Name							
Street Address 19 Sanderson Road			Street Address							
City Smithfield	State RI	Zip 02917	City	State	Zip					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						200	Common	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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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.

MAR 16 2012

14252

Signature of Authorized Representative

Sarah Clark

Date

2/27/12

Print or Type Name of Authorized Representative