



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. 487563		2. Exact name of the Corporation PERFECT TOUCH, INC.			
3. Principal office address 30 HOPPIN AVENUE			City RIVERSIDE	State RI	Zip 02915
4. Business Phone No. 401-641-7230		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE PAINT CHIP REPAIR					
7. LIST ALL ADDRESSES ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DAVID GERVAIS, JR.			Vice-President Name JESSICA GERVAIS		
Street Address 30 HOPPIN AVENUE			Street Address 30 HOPPIN AVENUE		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Secretary Name SAME			Treasurer Name SAME		
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 DAVID GERVAIS, JR			Director Name		
Street Address 30 HOPPIN AVENUE			Street Address		
City RIVERSIDE	State RI	Zip 02915	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
			100	STK	\$0.0100

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

JUN 29 2012

mnc
Ch # 1162

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.

Jessica Gervais
 Signature of Authorized Representative
JESSICA GERVAIS

6/26/12
 Date

Print or Type Name of Authorized Representative