



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

2008

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 000129615		2. Exact name of the Corporation Carol Pappas, Inc.			
3. Principal office address 1775 Bald Hill Road		City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-556-1355		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Salon					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Carol Pappas			Vice-President Name None		
Street Address 1 Wayland Avenue, #213N			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Carol Pappas			Treasurer Name Carol Pappas		
Street Address 1 Wayland Avenue, #213N			Street Address 1 Wayland Avenue, #213N		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			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			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	cnp	None

SECRETARIAT OF STATE
 CORPORATIONS DIV
 DEC 19 AM 11:04

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

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.

DEC 19 2012
 FILED
 Signature of Authorized Representative: Carol Pappas
 Date: 12/17/2012
 Carol Pappas, President

Print or Type Name of Authorized Representative

DEC 19 2012
 BY 185909 OS