



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 2013

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. 790681		2. Exact name of the Corporation JOY' BEAUTY SALON INC		
3. Principal office address 115 BENEDIST STREET		City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. 401-941-9492		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island BEAUTY SALON				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name RICHARD LEE STERLING		Vice-President Name RICHARD LEE STERLING		
Street Address 115 BENEDIST STREET		Street Address 115 BENEDIST STREET		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI
Secretary Name RICHARD LEE STERLING		Treasurer Name RICHARD LEE STERLING		
Street Address 115 BENEDIST STREET		Street Address 115 BENEDIST STREET		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name RICHARD LEE STERLING		Director Name		
Street Address 115 BENEDIST STREET		Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		0		

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 BY

FILED
JAN 24 2013
 1506

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.
Richard Lee Sterling 1-16-13
 Signature of Authorized Representative Date
RICHARD LEE STERLING
 Print or Type Name of Authorized Representative