



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. 118679		2. Exact name of the Corporation Custom Hair Creations, Inc.			
3. Principal office address 221 Waterman Street (rear)		City Providence	State RI	Zip 02906	
4. Business Phone No. (401) 272-1015		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To operate a full service hair salon including hair replacement					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Maria Lopes		Vice-President Name Maria Lopes			
Street Address 221 Waterman Street (rear)		Street Address 221 Waterman Street (rear)			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Maria Lopes		Treasurer Name Maria Lopes			
Street Address 221 Waterman Street (rear)		Street Address 221 Waterman Street (rear)			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Maria Lopes		Director Name			
Street Address 221 Waterman Street (rear)		Street Address			
City Providence	State RI	Zip 02906	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) ☐			
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	
		none	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

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BY 18864

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 of Authorized Representative

Date

Maria Lopes, President

Print or Type Name of Authorized Representative