



148 W. River Street, Providence, Rhode Island 02904-2615
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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. <u>096378</u>		2. Exact name of the Corporation <u>GOOD LOOKIN' BEAUTY SALON INC</u>			
3. Principal office address <u>20 CEDAR SWAMP RD.</u>		City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	
4. Business Phone No. <u>401-232-7272</u>		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island <u>HAIR and NAIL BEAUTY SALON</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>CARYN RONCI</u>			Vice-President Name		
Street Address <u>101 SNAKE HILL RD.</u>			Street Address		
City <u>No. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City	State	Zip
Secretary Name			Treasurer Name		
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			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
			<u>25</u>		<u>0</u>

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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MAY 21 2013

BY CA 197692

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Caryn Ronci 3/31/13
 Signature of Authorized Representative Date

CARYN RONCI PRESIDENT
 Print or Type Name of Authorized Representative