RI SOS Filing Number: 201432986580 Date: 01/14/2014 4:00 PM

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 2014

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.	2. Exact name of the Corporation
56955	Don's Barber-Stylists Ltd.

3. Principal office address	City	State	Zip
31 Manville Rd.	Woonsocket	R.I.	02895

4. Business Phone No.	5. State of Incorporation
401 769 6740	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Hair Cutting and Sale of Products

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Donald Lee Cournoyer	296 Central St.	Harrisville	R.I.	02830

Vice-President Name	Street Address	City	State	Zip
Debra A. McCutcheon	2514 Diamond Hill Rd.	Woonsocket	R.I.	02895

Secretary Name	Street Address	City	State	Zip
Cathy O'Keefe	22 Oak HIll Ave	N. Smithfield	R.I.	02896

Treasurer Name	Street Address	City	State	Zip
Donna L. Armstrong	565 JOslin Rd.	Harrisville	R.I.	02830

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Donald Lee Cournoyer	296 Central St.	Harrisville	R.I.	02830

Director Name	Street Address	City	State	Zip
Debra A. McCUtcheon	2514 Diamond Hill Rd.	Woonsocket	R.I.	02895

Director Name	Street Address	City	State	Zip
Cathy O'Keefe	22 Oak Hill Ave.	N. Smithfield	R.I.	02896

Director Name	Street Address	City	State	Zip
Donna L. Armstrong	565 Joslin Rd.	Harrisville	R.I.	02830

9. SHARES AUTHORIZED
400 no par
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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400	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
JAN 14 2014
BY 14387

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.

Donald Lee Cournoyer 1-10-2014
Signature of Authorized Representative Date

Donald Lee Cournoyer
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
101540-19-904130