



**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

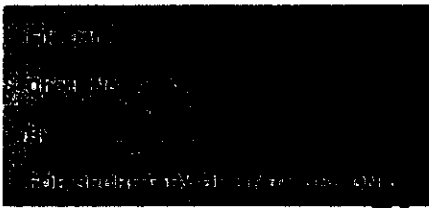
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2014

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. 91815		2. Exact name of the Corporation Images by Tine Inc			
3. Principal office address 24 Alan Ave			City Pascoag	State RI	Zip 02859
4. Business Phone No. 401-568-8568		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Hair Salon					
President Name Christina M Simpson			Vice-President Name		
Street Address 24 Alan Ave			Street Address		
City Pascoag	State RI	Zip 02859	City	State	Zip
Secretary Name			Treasurer 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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>SHARES HELD BY OFFICERS AND DIRECTORS</b>					
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	
		500	STK	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.



**FILED**

**JAN 17 2014**

1290

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.

C. M. Simpson 1/15/14  
 Signature of Authorized Representative Date

Christina M. Simpson  
 Print or Type Name of Authorized Representative