



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

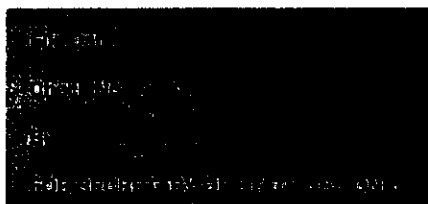
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. <u>91815</u>		2. Exact name of the Corporation <u>Images by Tina Inc</u>			
3. Principal office address <u>24 Alan Ave</u>		City <u>Pascoag</u>	State <u>RI</u>	Zip <u>02859</u>	
4. Business Phone No. <u>401-568-8568</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Hair Salon</u>					
OFFICERS AND DIRECTORS					
President Name <u>Christina M Simpson</u>			Vice-President Name		
Street Address <u>24 Alan Ave</u>			Street Address		
City <u>Pascoag</u>	State <u>RI</u>	Zip <u>02859</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
DIRECTORS					
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
SHARES OUTSTANDING					
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>500</u>	<u>STK</u>	<u>0</u>

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

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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