



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.

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|--|--------------------|---|--|--------------------|---------------------|
| 1. Entity ID No. <u>799517</u> | | 2. Exact name of the Corporation <u>KM Salon inc</u> | | | |
| 3. Principal office address <u>442 Wickenden St</u> | | City <u>PROVIDENCE</u> | | State <u>RI</u> | Zip <u>02903</u> |
| 4. Business Phone No. <u>401-228-3808</u> | | 5. State of Incorporation <u>RI</u> | | | |
| 6. Brief description of the character of business conducted in Rhode Island <u>HAIR SALON</u> | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name <u>Ky MICHAELS</u> | | | Vice-President Name | | |
| Street Address <u>15 WHEELER AVE</u> | | | Street Address | | |
| City <u>Cranston</u> | State <u>RI</u> | Zip <u>02905</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>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.

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|---------------------------------|
| File Date |
| Check No |
| By |
| FOR SECRETARY OF STATE USE ONLY |

FILED

MAR 17 2014

19-220134

A.A.

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.

Ky MICHAELS 3/17/14
Signature of Authorized Representative Date

Ky MICHAELS
Print or Type Name of Authorized Representative