



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. <b>142715</b>		2. Exact name of the Corporation <b>Ana's Bridal Boutique and Tuxedos, Inc.</b>			
3. Principal office address <b>456 Warren Avenue</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	
4. Business Phone No. <b>401-438-5932</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Wholesale, retail and general buying and selling of formal wedding garments including wedding gowns, wedding dresses, bridesmaid dresses formal dresses</b>					
President Name <b>Ana Maria Linhares</b>			Vice-President Name <b>Michelle Teixeira</b>		
Street Address <b>456 Warren Avenue</b>			Street Address <b>456 Warren Avenue</b>		
City <b>East Prov.</b>	State <b>Ri</b>	Zip <b>02914</b>	City <b>East Prov.</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>Ana Maria Linhares</b>			Treasurer Name <b>Ana Maria Linhares</b>		
Street Address <b>456 Warren Avenue</b>			Street Address <b>456 Warren Avenue</b>		
City <b>East Provl</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Prov.</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>Ana Maria Linhares</b>			Director Name		
Street Address <b>456 Warren Avenue</b>			Street Address		
City <b>East Prov.</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
300 No Par Value 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 <b>175</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par Value</b>

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.

*Michelle Teixeira* 3/27/14  
 Signature of Authorized Representative Date

**Michelle Teixeira, Vice President**  
 Print or Type Name of Authorized Representative

**FILED**

MAY 07 2014

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