



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

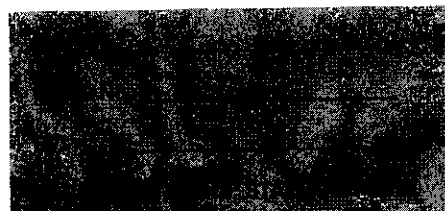
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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>790681</b>		2. Exact name of the Corporation <b>JOY BEAUTY SALON INC</b>			
3. Principal office address <b>115 BENEDIST STREET</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	
4. Business Phone No. <b>401-941-9492</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>HAIR SALON</b>					
<b>OFFICERS, DIRECTORS AND ADDRESSES (SEE INSTRUCTIONS FOR AGENTS)</b>					
President Name <b>JOY STERLING</b>			Vice-President Name <b>JOY STERLING</b>		
Street Address <b>115 BENEDIST STREET</b>			Street Address <b>115 BENEDIST STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>JOY STERLING</b>			Treasurer Name <b>JOY STERLING</b>		
Street Address <b>115 BENEDIST STREET</b>			Street Address <b>115 BENEDIST STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
<b>DIRECTORS (SEE INSTRUCTIONS FOR AGENTS)</b>					
Director Name <b>JOY STERLING</b>			Director Name		
Street Address <b>115 BENEDIST STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>SHARES AUTHORIZED</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

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**

**ON 02 2014**

**BY**

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.

*JOY STERLING*

**05/28/2014**

Signature of Authorized Representative

Date

**JOY STERLING**

Print or Type Name of Authorized Representative