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.	2. Exact name of the Corporation		
790681	**JOY'BEAUTY SALON INC**		
3. Principal office address **115 BENEDIST STREET**	City **CRANSTON**	State **RI**	Zip **02920**
4. Business Phone No. **401-941-9492**	5. State of Incorporation **RHODE ISLAND**		
6. Brief description of the character of business conducted in Rhode Island **HAIR SALON**			

CURRENT OFFICERS (NAMES AND ADDRESSES) "X" BOX FOR ATTACHMENT ☐

President Name **JOY STERLING**	Vice-President Name **JOY STERLING**
Street Address **115 BENEDIST STREET**	Street Address **115 BENEDIST STREET**
City **PROVIDENCE** State **RI** Zip **02907**	City **PROVIDENCE** State **RI** Zip **02907**
Secretary Name **JOY STERLING**	Treasurer Name **JOY STERLING**
Street Address **115 BENEDIST STREET**	Street Address **115 BENEDIST STREET**
City **PROVIDENCE** State **RI** Zip **02907**	City **PROVIDENCE** State **RI** Zip **02907**

CURRENT DIRECTORS (NAMES AND ADDRESSES) "X" BOX FOR ATTACHMENT ☐

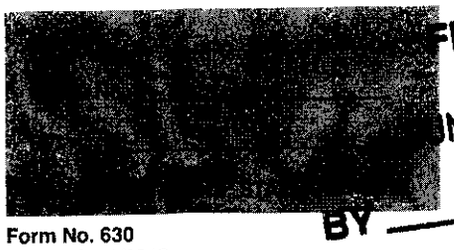
Director Name **JOY STERLING**	Director Name
Street Address **115 BENEDIST STREET**	Street Address
City **PROVIDENCE** State **RI** Zip **02920**	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

SHARES AUTHORIZED — **TOTAL SHARES ISSUED "X" BOX IF ZERO ☐**

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
0		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
JUN 02 2014
BY 1212

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 — 5-29-14
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012