



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

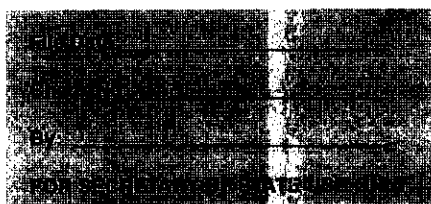
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 80594		2. Exact name of the Corporation 43 EAST REALTY CORPORATION			
3. Principal office address 43 EAST STREET		City PROVIDENCE		State RI	Zip 02906
4. Business Phone No. 401-274-1010		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island HAIR AND BEAUTY SALON					
President Name DIANNE E BALASCO			Vice-President Name LEONARD BALASCO		
Street Address 43 EAST STREET			Street Address 43 EAST STREET		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name LEONARD BALASCO			Treasurer Name DIANNE E BALASCO		
Street Address 43 EAST STREET			Street Address 43 EAST STREET		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name DIANNE E BALASCO			Director Name LEONARD BALASCO		
Street Address 43 EAST STREET			Street Address 43 EAST STREET		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. SHARES ISSUED (SEE BOX FOR ATTACHMENT)					
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	
		1000	CNP	\$0.00	

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

JUL 18 2014

By **228754**
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.

Signature of Authorized Representative

Date

DIANNE E BALASCO, PRESIDENT

Print or Type Name of Authorized Representative