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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			
80594	**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

	NUMBER OF SHARES	CLASS/SERIES	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.	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.

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.

Diane E Balasco 7-10-14
Signature of Authorized Representative Date

DIANNE E BALASCO, PRESIDENT
Print or Type Name of Authorized Representative

FILED
JUL 18 2014
By 228754
A.A.

Form No. 630
Revised: 01/2012

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