



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 CCRPORATION ANNUAL REPORT FOR THE YEAR 2015

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>118090</b>		2. Exact name of the Corporation <b>Hair Solutions, Inc.</b>		
3. Principal office address <b>1243 Mineral Spring Avenue</b>		City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. Business Phone No. <b>401-726-6800</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To operate a full service salon including hair replacement</b>				
7. LIST ALL OFFICERS, MANAGERS AND ADDRESSES (SEE BOX FOR ATTACHMENT)				
President Name <b>Linda A. Piccione</b>		Vice-President Name <b>Linda A. Piccione</b>		
Street Address <b>1243 Mineral Spring Avenue</b>		Street Address <b>1243 Mineral Spring Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>
Secretary Name <b>Linda A. Piccione</b>		Treasurer Name <b>Linda A. Piccione</b>		
Street Address <b>1243 Mineral Spring Avenue</b>		Street Address <b>1243 Mineral Spring Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. 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	
None		common	no par	

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.

File Date  
Check No.  
BY  
FOR SECRETARY OF STATE USE ONLY

FILED

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.

*Linda A. Piccione* 1-1-15  
Signature of Authorized Representative Date

Linda A. Piccione, President

Print or Type Name of Authorized Representative

JAN 16 2015

BY

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