



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 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, NAMES AND ADDRESSES (SEE BOX FOR ATTACHMENT)		8. LIST ALL DIRECTORS (NAMES 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>
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.

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

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

**FILED**

JAN 16 2015

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