



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. 164928		2. Exact name of the Corporation The Healing Touch Corp.			
3. Principal office address 423 Atwells Ave			City Providence	State RI	Zip 02909
4. Business Phone No. 401-331-8099			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Full Service Hair Salon					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bethany S. Wood			Vice-President Name Sheryl-Ann E Wood		
Street Address 602 Fall River Ave			Street Address 96 Trellis Drive		
City Seekonk	State MA	Zip 02771	City West Warwick	State RI	Zip 02893
Secretary Name Bethany S. Wood			Treasurer Name Sheryl-Ann E. Wood		
Street Address 602 Fall River Ave			Street Address 96 Trellis Dr.		
City Seekonk	State MA	Zip 02771	City West Warwick	State RI	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bethany S. Wood			Director Name Sheryl-Ann E. Wood		
Street Address 602 Fall River Ave			Street Address 96 Trellis Drive		
City Seekonk	State MA	Zip 02771	City West Warwick	State RI	Zip 02893
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			1,000	Common Stock	.01

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: _____

FILED
JAN 23 2015
1350

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.

Sheryl-Ann E Wood 1/13/15
 Signature of Authorized Representative Date

SHERYL-ANN E. WOOD
 Print or Type Name of Authorized Representative