



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

161 River Street, Providence, Rhode Island 02904-2615

P: (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>161678</b>		2. Exact name of the Corporation <b>SASSAFRASS HAIR SALON, INC.</b>			
3. Principal office address <b>132 OLD RIVER ROAD, SUITE 205</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
4. Business Phone No. <b>401-333-6300</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>OPERATES AS A HAIR SALON</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>ANDREA L. TURNER</b>			Vice-President Name <b>ANDREA L. TURNER</b>		
Street Address <b>2390 MENDON ROAD</b>			Street Address <b>2390 MENDON ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>ANDREA L. TURNER</b>			Treasurer Name <b>ANDREA L. TURNER</b>		
Street Address <b>2390 MENDON ROAD</b>			Street Address <b>2390 MENDON ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>ANDREA L. TURNER</b>			Director Name		
Street Address <b>2390 MENDON ROAD</b>			Street Address		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Director Name			Director Name		
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
			100	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**

**FEB 09 2015**

BY         

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.

*Andrea L. Turner* 1/31/15  
Signature of Authorized Representative Date

**ANDREA L. TURNER, PRESIDENT**

Print or Type Name of Authorized Representative