

**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.

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|--|--------------------|---|---|--------------------|---------------------|
| 1. Entity ID No. 000535762 | | 2. Exact name of the Corporation ANA'S CHIC BOUTIQUE CORP | | | |
| 3. Principal office address 92 JAPONICA STREET | | | City PAWTUCKET | State RI | Zip 02860 |
| 4. Business Phone No. 401-617-0633 | | | 5. State of Incorporation RI | | |
| 6. Brief description of the character of business conducted in Rhode Island CONSIGNMENT STORE | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) | | | | | |
| President Name NEIVA S. GOMES | | | Vice-President Name Stnt | | |
| Street Address 92 JAPONICA STREET | | | Street Address | | |
| City PAWTUCKET | State RI | Zip 02860 | City | State | Zip |
| Secretary Name NEIVA S. GOMES | | | Treasurer Name NEIVA S. GOMES | | |
| Street Address 92 JAPONICA STREET | | | Street Address 92 JAPONICA STREET | | |
| City PAWTUCKET | State RI | Zip 02860 | City PAWTUCKET | State RI | Zip 02860 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) | | | | | |
| Director Name NEIVA S. GOMES | | | Director Name | | |
| Street Address 92 JAPONICA STREET | | | Street Address | | |
| City PAWTUCKET | State RI | Zip 02860 | 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) | | |
| 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 | |

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

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BY 1145

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.

Neiva Gomes 3/9/15
 Signature of Authorized Representative Date

NEIVA S. GOMES
 Print or Type Name of Authorized Representative