



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. 93617		2. Exact name of the Corporation ONE ON ONE HAIR DESIGN, INC.			
3. Principal office address 69 POND HOUSE ROAD			City NORTH SMITHFIELD	State RI	Zip 02896
4. Business Phone No.			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island HAIR SALON AND RELATED SERVICES					
7. OFFICERS (NAME AND ADDRESS) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CYNTHIA DESMARAIS			Vice-President Name SAME		
Street Address 69 POND HOUSE ROAD			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. DIRECTORS (NAME AND ADDRESS) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CYNTHIA DESMARAIS			Director Name		
Street Address 69 POND HOUSE ROAD			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	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	NPV

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.

FILED

MAR 18 2015

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.

Cynthia Desmarais Signature of Authorized Representative Date *March 15, 2015*

CYNTHIA DESMARAIS

Print or Type Name of Authorized Representative

File Date _____

Check No. _____

By: *6216*

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