



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. 108724		2. Exact name of the Corporation Hair Crew International, Inc.			
3. Principal office address 1051 Ten Rod Road, Unit #4		City North Kingstown	State RI	Zip 02852	
4. Business Phone No. 401-294-3177		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island To own and operate a hair salon					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Karen Edwards		Vice-President Name Karen Edwards			
Street Address 5 Arbor Drive		Street Address 5 Arbor Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Karen Edwards		Treasurer Name Karen Edwards			
Street Address 5 Arbor Drive		Street Address 5 Arbor Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Karen Edwards		Director Name			
Street Address 5 Arbor Drive		Street Address			
City Coventry	State RI	Zip 02816	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	
		600	Common	\$0.01	

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: _____

FOR SECRETARY OF STATE USE ONLY

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By 5109

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.

Signature of Authorized Representative

Karen Edwards

Print or Type Name of Authorized Representative

3/24/15
Date