



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. 106251		2. Exact name of the Corporation ALLANTE SALON, INC.			
3. Principal office address 592 Putnam Pike		City Greenville	State RI	Zip 02828	
4. Business Phone No. 949-3594		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island to own and operate a beauty salon					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name PATRICIA L. ARCIERO			Vice-President Name		
Street Address 592 Putnam Pike			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Secretary Name PATRICIA L. ARCIERO			Treasurer Name PATRICIA L. ARCIERO		
Street Address 592 Putnam Pike			Street Address 592 Putnam Pike		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			51	common	\$1.00

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 3302

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

Date

PATRICIA L. ARCIERO, President

Print or Type Name of Authorized Representative