



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** 2014

**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. <u>95523</u>		2. Exact name of the Corporation <u>Ellen Antonia Designs Inc.</u>			
3. Principal office address <u>326 Market Street</u>		City <u>Warren</u>		State <u>RI</u>	Zip <u>02885</u>
4. Business Phone No. <u>401-247-1110</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Hair Salon</u>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <u>Ellen A. Ruggieri</u>			Vice-President Name <u>(same)</u>		
Street Address <u>38 Massasoit Avenue</u>			Street Address		
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	City	State	Zip
Secretary Name <u>(same)</u>			Treasurer Name <u>(same)</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <u>(same)</u>			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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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
			<u>100</u>	<u>Common</u>	<u>Ø</u>

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**

**MAR 26 2015**

BY 143

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.

Ellen A. Ruggieri 3-23-15  
Signature of Authorized Representative Date

Ellen A. Ruggieri  
Print or Type Name of Authorized Representative