



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. 790681		2. Exact name of the Corporation JOY'S BEAUTY SALON INC			
3. Principal office address 115 BENEDIST		City PROVIDENCE	State RI	Zip 02907	
4. Business Phone No. 401-941-9492		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island HAIR SALON					
7. OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOY STERLING		Vice-President Name JOY STERLING			
Street Address 115 BENEDIST STREET		Street Address 115 BENEDIST STREET			
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name JOY STERLING		Treasurer Name JOY STERLING			
Street Address 115 BENEDIST STREET		Street Address 115 BENEDIST STREET			
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOY STERLING		Director Name			
Street Address 115 BENEDIST STREET		Street Address			
City PROVIDENCE	State RI	Zip 02920	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		0			

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 CORPORATIONS DIV
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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
MAY 26 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.

File Date _____
 BY 1328
 FOR SECRETARY OF STATE USE ONLY

JOY STERLING 03/25/2015
 Signature of Authorized Representative Date
JOY STERLING
 Print or Type Name of Authorized Representative