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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 2016

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.	2. Exact name of the Corporation		
95301	The Gallery Salon, Inc.		
3. Principal office address: 31 Governor Street	City: Providence	State: RI	Zip: 02906
4. Business Phone No.: (401)861-8900	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: T own and operate a hair salon and the retail sale of associated beauty supplies			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: William Conti			Vice-President Name: Yvonne Conti		
Street Address: 321 Olney Arnold Road			Street Address: 321 Olney Arnold Road		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
Secretary Name: Yvonne Conti			Treasurer Name: Yvonne Conti		
Street Address: 321 Olney Arnold Road			Street Address: 321 Olney Arnold Road		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921

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

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0	Common	No Par

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
JAN 11 2016
228410
BY DS

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.

William Conti 12/22/15
Signature of Authorized Representative — Date

William Conti
Print or Type Name of Authorized Representative

Form No. 630
Revised 12/2012
20128-1084470