



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 **2013**

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. 115333		2. Exact name of the Corporation SALON BY SHARON, INC			
3. Principal office address 20 D MAIN STREET			City WAKEFIELD	State RI	Zip 02879
4. Business Phone No. 401.782.9449		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island HAIR SALON AND COSMETICS RETAIL STORE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name SHARON RIOS			Vice-President Name		
Street Address 17 CHELSEA FARM DRIVE			Street Address		
City WYOMING	State RI	Zip 02898	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name SHARON RIOS			Director Name		
Street Address 17 CHELSEA FARM DRIVE			Street Address		
City WYOMING	State RI	Zip 02898	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 checked="" 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
			100	COMMON	.01

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SECRETARY OF STATE
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.

File Date
 Check No.
 By
 FOR SECRETARY OF STATE USE ONLY

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.

FILED *Sharon Rios* **01/12/2016**
 Signature of Authorized Representative Date
SHARON RIOS
 Print or Type Name of Authorized Representative

JAN 15 2016
 By *2165392*
 H.A. 10:38 A.M.