



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. 129821		2. Exact name of the Corporation AIDILE DAY SPA, INC.					
3. Principal office address 53 WATERMAN AVENUE				City EAST PROVIDENCE	State RI	Zip 02914	
4. Business Phone No. (401) 434-3665				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island BEAUTY SALON AND DAY SPA							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name MARIA AIDILE FERRO				Vice-President Name GEORGE E. FERRO			
Street Address 25 COLFALL STREET				Street Address 25 COLFALL STREET			
City SEEKONK	State MA	Zip 02771		City SEEKONK	State MA	Zip 02771	
Secretary Name MARIA AIDILE FERRO				Treasurer Name GEORGE E. FERRO			
Street Address 25 COLFALL STREET				Street Address 25 COLFALL STREET			
City SEEKONK	State MA	Zip 02771		City SEEKONK	State MA	Zip 02771	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name MARIA AIDILE FERRO				Director Name GEORGE E. FERRO			
Street Address 25 COLFALL STREET				Street Address 25 COLFALL STREET			
City SEEKONK	State MA	Zip 02771		City SEEKONK	State MA	Zip 02771	
Director Name NONE				Director Name NONE			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <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	
				200	COMMON	NO PAR VALUE	

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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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] _____
 Signature of Authorized Representative Date **1/6/2015**

MARIA AIDILE FERRO, PRESIDENT

Print or Type Name of Authorized Representative