



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. 113649		2. Exact name of the Corporation MOSS SALON, INC.			
3. Principal office address 114 NORTH MAIN STREET		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No. 401.751.8877		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A BEAUTY SALON					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name JODY BUTLER		Vice-President Name TAMMY TOURTELOTT			
Street Address 550 HIGH STREET		Street Address 13 WESTCOTT ROAD			
City ASHAWAY	State RI	Zip 02804	City SCITUATE	State RI	Zip 02857
Secretary Name JODY BUTLER		Treasurer Name MICHAEL FALLONE			
Street Address		Street Address 33 BROOKMAN ROAD			
City	State	Zip	City NORTH PROVIDENCE	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name JODY BUTLER		Director Name MICHAEL FALLONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name TAMMY TOURTELOTT		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
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	

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
BY _____

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 of Authorized Representative

Date

MICHAEL FALLONE

Print or Type Name of Authorized Representative

1-16-16 Treas.