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		
113649	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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	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.

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.

Michael Fallone 1.16.16 Treas.
Signature of Authorized Representative — Date

MICHAEL FALLONE
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 20 2016
BY 5202

Form No. 630
Revised: 01/2012