



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. 47691		2. Exact name of the Corporation GUYS & GALS HAIRSTYLING SALON, INC.			
3. Principal office address 343D Main Street		City Wakefield		State RI	Zip 02879
4. Business Phone No. 401) 783-5175		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Ear Piercing, Facials, Make-up, Waxing, Manicuring, Hair Cutting, Hair Styling, Braiding and Coloring					
President Name Jean C. Waggoner			Vice-President Name		
Street Address 1104 Moorsefield Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Jean C. Waggoner			Treasurer Name Jean C. Waggoner		
Street Address 1104 Moorsefield Road			Street Address 1104 Moorsefield Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Jean C. Waggoner			Director Name		
Street Address 1104 Moorsefield Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 100	CLASS/SERIES Common	PAR VALUE 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.

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

Jean C. Waggoner

Print or Type Name of Authorized Representative