



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. 65949		2. Exact name of the Corporation Salon Kioma, Inc.			
3. Principal office address 1556 Cranston Street		City Cranston	State RI	Zip 02920	
4. Business Phone No. (401) 942-4446		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Hairdressing and/or Cosmetology					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Donna M. Scuncio			Vice-President Name Vacant		
Street Address 1556 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Donna M. Scuncio			Treasurer Name Donna M. Scuncio		
Street Address 1556 Cranston Street			Street Address 1556 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Donna M. Scuncio			Director Name		
Street Address 1556 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	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 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 600	CLASS/SERIES Common	PAR VALUE No Par

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

FEB 03 2016

KL 7914

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

Donna M. Scuncio

Print or Type Name of Authorized Representative