



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. 127172		2. Exact name of the Corporation Mary Jane's Beauty Salon, Inc.			
3. Principal office address 1270 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. Business Phone No. 401.231.4145		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the business of operating a beauty salon and all other lawfully related business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Cheryl Kinch			Vice-President Name Cheryl Kinch		
Street Address 1270 Mineral Spring Avenue			Street Address see above		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Cheryl Kinch			Treasurer Name Cheryl Kinch		
Street Address see above			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Cheryl Kinch			Director Name		
Street Address see above			Street Address		
City	State	Zip	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	CLASS/SERIES	PAR VALUE
			800	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

FEB 04 2016

BY **KL 3290**

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] _____ Date **1/14/16**

Signature of Authorized Representative
Cheryl Kinch
 Print or Type Name of Authorized Representative