



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000143859

**2. Name of Corporation** KiRa Salon, Ltd.

**3. Street Address Principal Business Office:**

No. and Street: 6 WEST MARLBOROUGH STREET

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

UNISEX SALON TO INCLUDE BUT NOT LIMITED TO HAIR CARE, NAIL/PEDICURE SERVICES, WAXING, SKIN CARE, MASSAGE THERAPY AND THE RETAIL SALES OF RELATED PRODUCTS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| TREASURER | KIMBERLY SMITH-REID                            | 46 ELM STREET<br>NEWPORT, RI 02840 USA                     |
| SECRETARY | KIMBERLY SMITH-REID                            | 46 ELM STREET<br>NEWPORT, RI 02840 USA                     |
| PRESIDENT | KIMBERLY SMITH-REID                            | 46 ELM STREET<br>NEWPORT, RI 02840- USA                    |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|-------------------------------------------------------|----------------------------------------------------------------|
| CNP            |                 | \$0.0000            | 8,000.00                                              | 100                                                            |

**9. 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.**

**Signed this 8 Day of February, 2016 at 2:46:51 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By /S/KIMBERLY SMITH-REID

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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