



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. 13375		2. Exact name of the Corporation ERIKA + Co UNLIMITED INC.			
3. Principal office address 258 LIBERTY STR.		City PAWTUCKET	State R.I.	Zip 02861	
4. Business Phone No. 401-726-6141		5. State of Incorporation R.I.			
6. Brief description of the character of business conducted in Rhode Island HAIR STYLING Color-Cuts- Products small					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ERIKA FORSTER			Vice-President Name PIRASHKA FORSTER-PRICE		
Street Address 26 ELLENDALE RD			Street Address 26 ELLENDALE RD		
City SO-ATTLE.	State MA	Zip 02703	City Attle.	State MA	Zip 02703
Secretary Name PIRASHKA FORSTER-PRICE			Treasurer Name Erika Forster		
Street Address 26 ELLENDALE RD			Street Address 26 ELLENDALE RD		
City Attle.	State MA	Zip 02703	City SO-Attle.	State MA	Zip 02703
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			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
			100		0

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 **2-2-16**

Check No **4647**

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. C30
Revised: 01/2012

FILED

FEB 16 2016

By **KL 4647**

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.

Erika Forster **Pres.** **2-2-16**
Signature of Authorized Representative Date

ERIKA FORSTER, Pres.
Print or Type Name of Authorized Representative