



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 FEB 18 AM 10:15

1. Entity ID No. 517287		2. Exact name of the Corporation Twirl Hair Studio, Inc.			
3. Principal office address 19 Sanderson Road			City Smithfield	State RI	Zip 02917
4. Business Phone No. (401) 480-4316		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Cosmetology					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sarah Clark			Vice-President Name Sarah Clark		
Street Address 19 Sanderson Road			Street Address 19 Sanderson Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Sarah Clark			Treasurer Name Sarah Clark		
Street Address 19 Sanderson Road			Street Address 19 Sanderson Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Sarah Clark			Director Name None.		
Street Address 19 Sanderson Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name None.			Director Name None.		
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
			200	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: _____

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.

Sarah E Clark 2/8/16
 Signature of Authorized Representative Date

Sarah E. Clark

Print or Type Name of Authorized Representative

FILED
 FEB 18 2016
 By: *267892*
A.A.