



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. 118679		2. Exact name of the Corporation Custom Hair Creations, Inc.			
3. Principal office address 221 Waterman Street (rear)			City Providence	State RI	Zip 02906
4. Business Phone No. 401-272-1015		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To operate a full service salon including hair replacement					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Maria Lopes			Vice-President Name Maria Lopes		
Street Address 221 Waterman Street (rear)			Street Address 221 Waterman Street (rear)		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Maria Lopes			Treasurer Name Maria Lopes		
Street Address 221 Waterman Street (rear)			Street Address 221 Waterman Street (rear)		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Maria Lopes			Director Name		
Street Address 221 Waterman Street (rear)			Street Address		
City Providence	State RI	Zip 02906	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
			None	common	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: _____

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.

FILED
 Signature of Authorized Representative: *[Signature]* Date: **2/3/16**
Maria Lopes, President

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative

FEB 22 2016
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