State	of Rhode Island and Pro Office of the Secret		tions Fee: \$50.00			
HOPE	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 annual report within thirty (30) da (c&d)) is subject to a penalty fee	ys after the time prescribed by					
ANNUAL REPORT YEAR: 201	<u>6</u>					
1. Corporate ID No. 0001	<u>58861</u>					
2. Name of Corporation MENDON HAIR STUDIO, INC.						
3. Street Address Principal Bu	isiness Office:					
No. and Street:3261 MECity or Town:CUMBEI	NDON ROAD RLAND State	e: <u>RI</u> Zip: <u>0286</u> 4	4 Country: <u>USA</u>			
4. Business Phone No.						
4013834000						
5. State of Incorporation						
State: <u>RI</u>						
6. Brief Description of the Cha	aracter of Business Conducte	ed in Rhode Island				
7. Names and Addresses of th	e 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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	ļ 4	Address			
PRESIDENT	First, Middle, Last, Suffix DEBRA ANN AUCLAIR		vn, State, Zip Code, Country 1 MENDON ROAD			
TREASURER	JAMES M AUCLAIR		AND, RI 02864 USA 1 MENDON ROAD			
SECRETARY	DEBRA ANN AUCLAIR		AND, RI 02864 USA 1 MENDON ROAD			
VICE PRESIDENT	JAMES M AUCLAIR		NND, RI 02864 USA			
			AND, RI 02864 USA			

ASSISTANT SECRETARY	GARY R ALGER		P.O. BOX 8000 /IBERLAND, RI 02864 USA	
8. Shares Authorized and Issu	ed			
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
STK		\$0.0100	600.00	200
individuals signing this instru signatory, under penalties of act and deed of the corporati electronic filing, in compliand By <u>GARY R ALGER</u> Signature of Authorized Re	perjury, that this in on, and that the fac ce with R.I. Gen. La	strument is that indiv ets stated herein are t ws § 7-1.2.	vidual's act and d	eed or the
Form No. 630 Revised 09/07				
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