



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. 7089		2. Exact name of the Corporation NBC HAIR STUDIO, INC.				
3. Principal office address 1447 Park Avenue			City Cranston	State RI	Zip 02920	
4. Business Phone No. 401-944-1256			5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Beauty salon and spa and sale of related beauty salons <i>PRODUCTS</i>						
President Name Nancy Salvatore			Vice-President Name Cheryl Mancuso			
Street Address 7 Sage Drive			Street Address 59 Tacoma Street			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920	
Secretary Name Cheryl Mancuso			Treasurer Name Nancy Salvatore			
Street Address 59 Tacoma Street			Street Address 7 Sage Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921	
7. STATE DIRECTORS (NAMES AND ADDRESSES) (X) BOX (O) A (O) H (L) (U) <input type="checkbox"/>						
Director Name Nancy Salvatore			Director Name Cheryl Mancusco			
Street Address 7 Sage Drive			Street Address 59 Tacoma Street			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920	
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	common	none

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 _____
 FOR SECRETARY OF STATE USE ONLY

FILED *02*
MAR 24 2016
 BY 6754

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.
Nancy Salvatore 3/2/16
 Signature of Authorized Representative Date
Nancy Salvatore, President
 Print or Type Name of Authorized Representative