State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
113649	MOSS SALON, INC.

3. Principal Office Address	City	State	Zip
114 NORTH MAIN STREET	PROVIDENCE	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except Pul	TO OWN AND OPERATE A BEAUTY SALON
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
JODY BUTLER			TAMMY TOURTELOTT		
Street Address: 550 HIGH STREET			Street Address: 13 WESTCOTT ROAD		
City: ASHAWAY	State: RI	Zip: 02804	City: SCITUATE	State: RI	Zip: 02857
Secretary Name: JODY BUTLER			Treasurer Name: MICHAEL FALLONE		
Street Address:			Street Address: 33 BROOKMAN ROAD		
City:	State:	Zip:	City: NORTH PROVIDENCE	State: RI	Zip: 02904

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
JODY BUTLER			MICHAEL FALLONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: TAMMY TOURTELOTT			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	.01

11. 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.

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.

Name of Authorized Representative: X MICHAEL J. FALLONE TREASURER

Date: 1-21-17

Signature of Authorized Representative: X Michael J. Fallone

FILED
JAN 23 2017
BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov