



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 113649		2. Exact name of the Corporation MOSS SALON, INC.			
3. Principal Office Address 114 NORTH MAIN STREET		City PROVIDENCE	State RI	Zip 02903	
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name JODY BUTLER			Vice-President Name 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 <input type="checkbox"/>					
Director Name JODY BUTLER			Director Name 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 Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
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 <i>Michael J. Fallone</i>			JAN 23 2017		

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

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