



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 <b>000096378</b>		2. Exact name of the Corporation <b>Good Lookin Beauty Salon Inc.</b>												
3. Principal Office Address <b>20 Cedar Swamp Rd.</b>		City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>										
4. NAICS Code <b>81</b>	6. Brief description of the character of business conducted in Rhode Island <b>nail Technician + HAIR</b>													
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>CARYN RONCI</b>			Vice-President Name <b>NONE</b>											
Street Address <b>101 Snake Hill Rd.</b>			Street Address											
City <b>N. Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip									
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>NONE</b>			Director Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name <b>NONE</b>			Director Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized <b>200,000</b>		10. Shares Issued <b>25,000</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>25,000</b></td> <td><b>CWP</b></td> <td><b>0.0000</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>25,000</b>	<b>CWP</b>	<b>0.0000</b>			
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<b>25,000</b>	<b>CWP</b>	<b>0.0000</b>												
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. <b>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.</b>														
Name of Authorized Representative <b>CARYN RONCI</b>			Date <b>1/16/17</b>											
Signature of Authorized Representative <i>Caryn Ronci</i>														

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

**FILED**  
**JAN 23 2017**

**BY** **568**  
**JS**