



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 645773		2. Exact name of the Corporation Hair Sanity, Inc.			
3. Principal Office Address 19A Smith Avenue			City Greenville	State RI	Zip 02828
4. NAICS Code 81 - Other Services (except Put		6. Brief description of the character of business conducted in Rhode Island To provide hair and nail services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Britt M. Seugling			Vice-President Name Britt M. Seugling		
Street Address 17 Smith Avenue			Street Address 17 Smith Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Britt M. Seugling			Treasurer Name Britt M. Seugling		
Street Address 17 Smith Avenue			Street Address 17 Smith Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	CNP	\$0.00
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 Britt M. Seugling				Date 2-15-17	
Signature of Authorized Representative <i>Britt M. Seugling</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

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