



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.

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|--|--------------------|---|------------------------|---------------------|
| 1. Entity ID No. 164928 | | 2. Exact name of the Corporation The Healing Touch Corporation d/b/a Salon Blanco | | |
| 3. Principal office address 602 Fall River Ave. | | City Seekonk | State MA | Zip 02771 |
| 4. Business Phone No. 401-331-8099 | | 5. State of Incorporation RI | | |
| 6. Brief description of the character of business conducted in Rhode Island Full Service Salon and Spa | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| President Name Bethany S. Wood | | Vice-President Name none | | |
| Street Address 602 Fall River Ave | | Street Address | | |
| City Seekonk | State ma | Zip 02771 | City | State ma |
| Secretary Name Bethany S. Wood | | Treasurer Name Bethany S. Wood | | |
| Street Address 602 Fall River Ave. | | Street Address 602 Fall River Ave. | | |
| City Seekonk | State ma | Zip 02771 | City Seekonk | State ma |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| Director Name Sheryl-Ann Wood | | Director Name Bethany S Wood | | |
| Street Address 96 Trellis Drive | | Street Address 602 Fall River Ave | | |
| City West Warwick | State RI | Zip 02893 | City Seekonk | State MA |
| Director Name none | | Director Name none | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 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. | | | | |
| | | | | |

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

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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.

Signature of Authorized Representative

Bethany S. Wood

2/20/17
Date

Print or Type Name of Authorized Representative