



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 130627		2. Exact name of the Corporation P & R HAIR STUDIO, INC.			
3. Principal Office Address 838 Putnam Pike			City Chepachet	State RI	Zip 02814
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island hair and nail 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 Patricia A. Shaw			Vice-President Name Patricia A. Shaw		
Street Address 80 Pine Street			Street Address 80 Pine Street		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Patricia A. Shaw			Treasurer Name Patricia A. Shaw		
Street Address 80 Pine Street			Street Address 80 Pine Street		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name None			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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par value
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 Patricia A. Shaw					Date 3-1-17
Signature of Authorized Representative <i>Patricia A. Shaw</i>					

FILED

MAR 13 2017

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MAIL TO:
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