



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 72274		2. Exact name of the Corporation CONNECTIONS IS HAIR INC.												
3. Principal Office Address 188 TAUNTON AVENUE			City EAST PROVIDENCE	State RI	Zip 02914									
4. NAICS Code 81 - Other Services (except)	6. Brief description of the character of business conducted in Rhode Island HAIR SALON													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name BONNIE PLANTE			Vice-President Name											
Street Address 188 TAUNTON AVENUE			Street Address											
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip									
Secretary Name			Treasurer Name BONNIE PLANTE											
Street Address			Street Address 188 TAUNTON AVENUE											
City	State	Zip	City EAST PROVIDENCE	State RI	Zip 02914									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 <input type="checkbox"/>												
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 style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">100</td> <td style="text-align:center;">NONE</td> <td style="text-align:center;">0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	NONE	0			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	NONE	0												
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 BONNIE PLANTE				Date 3-24-17										
Signature of Authorized Representative 														

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

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BY

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FORM 630 - Revised: 02/2017