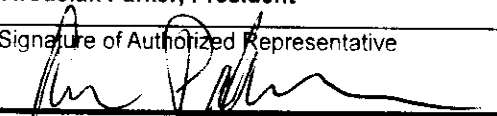
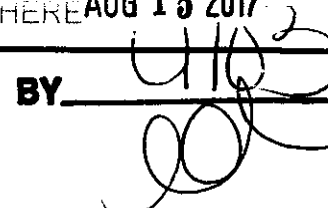




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 506742		2. Exact name of the Corporation Arous Studio, Inc.												
3. Principal Office Address 850 Main Street			City East Greenwich,	State RI	Zip 02818									
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Hair 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 Arousiak Parker			Vice-President Name											
Street Address 850 Main Street			Street Address											
City East Greenwich,	State RI	Zip 02818	City	State	Zip									
Secretary Name Arousiak Parker			Treasurer Name Arousiak Parker											
Street Address 850 Main Street			Street Address 850 Main Street											
City East Greenwich,	State RI	Zip 02818	City East Greenwich,	State RI	Zip 02818									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Arousiak Parker			Director Name											
Street Address 850 Main Street			Street Address											
City East Greenwich,	State RI	Zip 02818	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></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100					
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		100												
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. <i>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.</i>														
Name of Authorized Representative Arousiak Parker, President			Date 8/16/17											
Signature of Authorized Representative 			SIGN DOCUMENT HERE AUG 15 2017 											

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

BY