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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

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.

1. Entity ID No	2. Exact name of the Corporation		
000013375	ERIKA + Co Wnd. Inc.		
3. Principal office address: 258 LIBERTY STR.	City: PAWTUCKET	State: R.I.	Zip: 02861
4. Business Phone No: 8122	5. State of Incorporation:		

6. Brief description of the character of business conducted in Rhode Island
HAIR STYLING - CUTING - COLOR - HIGHLIGHTS

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	President Name	Vice-President Name
	ERIKA FORSTER	PIROSHKA FORSTER PRICE
Street Address	26 Ellendale Rd	26 ELLENDALE Rd
City / State / Zip	ATTL. MA 02703	ATTL. MA 02703
	Secretary Name	Treasurer Name
	PIROSHKA FORSTE-PRICE	ERIKA FORSTER
Street Address	26 ELLENDALE Rd	26 ELLENDALE Rd
City / State / Zip	ATTL MA 02703	ATTL MA 02703

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100		0

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
JAN 05 2018
BY 4904

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.

Erika Forster pres 1-2-18
Signature of Authorized Representative — Date

ERIKA FORSTER
Print or Type Name of Authorized Representative

Form No. 630
Revised 1/2012