



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

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Annual Report for the year: 2018
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 Entry ID Number 90789	2 Exact name of the Corporation THE OUTER LOOK, INC.
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3. Principal Office Address 850 AQUIDNECK AVENUE	City MIDDLETOWN	State RI	Zip 02842
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4. NAICS Code 326299	6 Brief description of the character of business conducted in Rhode Island TO PROVIDE HAIR DESIGN AND RELATED ACTIVITIES
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5. State of Incorporation RHODE ISLAND
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7 List ALL officers (names and addresses) Check the box to indicate an attachment

President Name DONNA SPENCER			Vice-President Name DONNA SPENCER		
Street Address 850 AQUIDNECK AVENUE			Street Address 850 AQUIDNECK AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name DONNA SPENCER			Treasurer Name DONNA SPENCER		
Street Address 850 AQUIDNECK AVENUE			Street Address 850 AQUIDNECK AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842

8 List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name DONNA SPENCER			Director Name		
Street Address 850 AQUIDNECK AVENUE			Street Address		
City MIDDLETOWN	State RI	Zip 02842	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

This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SES ES	PAR VALUE
	200	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 DONNA SPENCER	Date 2-15-2018
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Signature of Authorized Representative <i>Donna M Spencer</i>	SIGN DOCUMENT HERE
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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