



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

FILED

FEB 26 2018

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.

BY

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201

1. Entity ID Number 55440		2. Exact name of the Corporation Shear Dimensions, Inc.			
3. Principal Office Address 885 Reservoir Avenue		City Cranston		State RI	Zip 02910
4. NAICS Code 812112		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 Joseph M. Faraone			Vice-President Name Pasco Petronio, Jr.		
Street Address 284 Garden City Drive			Street Address 4 Lauren Hill Drive		
City Cranston	State RI	Zip 02920	City Smithfield	State RI	Zip 02917
Secretary Name Joanne Petronio			Treasurer Name Joanne Petronio		
Street Address 4 Lauren Hill Drive			Street Address 4 Lauren Hill Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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.			NUMBER OF SHARES		PAR VALUE
			200		None
			Common		
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 Joanne Petronio					Date 2/16/18
Signature of Authorized Representative <i>Joanne Petronio</i>					

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017