



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

**FILED**

MAR 01 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 \_\_\_\_\_

<b>1. Entity ID Number</b> 000071363	<b>2. Exact name of the Corporation</b> Corsini Family Hairstyling, Inc.		
<b>3. Principal Office Address</b> 55 Douglas Pike, Suite 204		<b>City</b> Smithfield	<b>State</b> RI
		<b>Zip</b> 02917	
<b>4. NAICS Code</b> 812111	<b>6. Brief description of the character of business conducted in Rhode Island</b> The operation of a hair salon and all things incidental thereto.		
<b>5. State of Incorporation</b> RI			

<b>7. List ALL officers (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
<b>President Name</b> Eugene A. Corsini, Jr.			<b>Vice-President Name</b> Beverly A. Corsini		
<b>Street Address</b> 345 Douglas Pike			<b>Street Address</b> Same as President		
<b>City</b> North Smithfield	<b>State</b> RI	<b>Zip</b> 02896	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Secretary Name</b> Same as President			<b>Treasurer Name</b> Same as Vice-President		
<b>Street Address</b>			<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

<b>8. List ALL directors (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
<b>Director Name</b> None			<b>Director Name</b>		
<b>Street Address</b>			<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Director Name</b>			<b>Director Name</b>		
<b>Street Address</b>			<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

<b>9. Shares Authorized</b>		<b>10. Shares Issued</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		100	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.**

<b>Name of Authorized Representative</b> Eugene A. Corsini, Jr., President	<b>Date</b> 2/26/18
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**Signature of Authorized Representative**  
**FILED**