

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Review Secretary of State

Corporations Division 100 North WarleStree Providence, RI (1290) 133 401,222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - (FORM MUST BE TYPED OR PR		ng Fee: \$50.00			-		
1 Corporate ID No	2. Name of Corporati	ou					
85517	17 CHRISSY'S HAIR SALON INC.						
3 Street Address Principal Busine			Cuy N. PROV	State 7	Zip		
1330 MIC	ICLAL SPRIN	Y NVC 5. State of Incorporation	TV. PRUV	RI	029041		
1 Business Phone No. 40 / 726	7075				6. SIC Code		
T Brief Description of the Charact		RHODE ISLAND	1.		2110		
BEAUTY SALON TO I							
8. NAMES AND ADDRESS	ES OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT)	SPACES REFORE USING	ATTACHMENTS		
President Vance			Vice President Name				
CHRISTINE	GONSALNES		SAME				
CHRISTING Sirver Address 133 D MINERA City N PR DV Secretary same		_	Street Address	-			
1330 MINERA	L SPRING	DV.			'		
City / ACD /	State	Zip	City	State	Zip		
NPROV	1 /\-	1 02909	:				
SAMP			Treasurer Name		Ji in ill		
Sireci Addres			Street Address				
City	State	Zip	Gity	State	<i>Zlp</i>		
		'	·		'		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A Director Name CHRISTING GUNSALUES Street Address 1330 MINCRAL SPRING AVE City N. PROU RI ULGOY			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name				
Stroet Address	JUNDALUES		Street Address				
1330 MINER	I SPLINA	Ave			Ü		
City	State	Zip	City	State	Zip		
N. PLOU	RI	02904			· · ·		
Director Name		•••••••••••••••••••••••••••••••••••••••	Director Name	• • • • • • • • • • • • • • • • • • • •	: 1 1 1		
Street Address			Street Address				
Caty	State	Zip	- City	State	Zip		
•							
10. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHE	(IENT)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
100 NO PAR VALUE	Common	NO PAR	100	COMON	NO PAR		
This report must b	e signed in ink by ci	ther the President, Vice	President, Secretary, Assista	nt Secretary, Treasurer. R	ecciver or Trustee 1		
1100	ISI 18181 81181 81181 11811						
		 					
1150	HET HOSEL ERIET BILDY ITELY				t I have examined this report:		
		 1			ments, and that all statements		
File Date 1-27-05 Signature of Officer Date							
File Date	1.011	- [5	10 2:11			
Check No	1124		Signatur of Officer	2	Date		
	2	.	CNRISTINE	C CHANSALVE	S		
By:	<u> </u>	.	Print or Type Name of	f Officer 	1		
FOR SECRETARY OF	STATE USE ONLY		PRESIDE	_ア ブ			
			Title of Officer		Form 630 Rev. 12/03		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

Form 630 Rev. 12/03

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ 2004

Filing Period: January 1 (FORM MUST BE TYPED OR F		ing Fee: \$50.00			
1. Corporate ID No.	2. Name of Corporate	ion			
85517	CHRISSY'S HA	AIR SALON INC.			
3 Street Address Principal Busin	ess Office	Are	N. Prev.	State RI	2.ip 02904
4. Business Phone No.		5 State of Incorporation		· · · · · · · · · · · · · · · · · · ·	6 SIC Code
401 - 726 -		RHODE ISLANI	0		8110
7 Brief Description of the Charac BEAUTY SALON TO	cter of Business Conducted i INCLUDE HAIR, NAILS	n Rhode Island , AND SKIN CARE.			
8. NAMES AND ADDRESS	SES OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT)	SPACES BEFORE USING	ATTACHMENTS
President Name	_	•	Vice President Name		
Christine	Gansalve:	3	Same		
Street Address	- 1 Sprin	Are	Street Address		
Street Address 1330 Mine City N Prov.	State Z	Z402904	City	State	Zip
Secretary Name Some	* * * * * * ** * * * * * * * * * * * *	···· *································	Treasurer Name Sa on e	•••••••	······································
Street Address			Sircet Address		
Спу	State	Z.íp	City	State	Zip
9. NAMES AND ADDRESS Director Name C. 6 - 5 - 6 - 6			NTTACHMENT) FILL I	IN SPACES BEFORE USI	NG ATTACHMENTS
Christine Siren Aildress 1330 Mine Cuy N. Prov.	1 (3	Sireci Address		
1330 Min	m/ Sprin	9 /tue			
City Orange	State	Zip	City	State	Zip
Director Name		02709	Director Name		
			Siretis Hame		
Street Address			Street Address		
Cuy	State	Zψ	City	· State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	 ("X" BOX FOR ATTACH	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	Commen	NoPar	100	Commo.	No Par
This report must	he signed in ink by ai	ther the Provident Vice	President, Secretary, Assist	ant Secretary Treasures	Pagaiyas os Trustas
ims report mast	be signed in this by en	ther the ratesident, vice	s rresident, secretary, Assist	ant Secretary, Treasurer,	Receiver of Trustee
					nat I have examined this report
*	85517	* ¬	including any accordant	Spanying schedules and state true and correct	ements, and that all statements
File Date	-04	.		1/1/11	
Check No	<u>,</u>	_	Signature of Officer		Date
		-	(hrish.	ne Vonsalue.	<u>r</u>
Ву:		-	Print or Type Name	nj Ujjicer —	
FOR SECRETARY OF	STATE USE ONLY		Title of Officer	ent	



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

NON-PROFIT CORPORATION A Filing Period: June 1 - June 30 • Filing Fee: \$2		EPORT FOR T	THE YEAR	2003
(FORM MUST BE TYPED OR PRINTED IN BLACK)				
1. Corporate ID No. 2. Name of Corporation				,
127629 CHRIST APOSTOLIC MIRACLE 3. State of Incorporation 4. Corporate address in Rhode			City	Zip
RHODEISLAND 18 LINDEN 5. Foreign corporation. Enter principal office address	STREET	City	PROVIDER	
AGBELE VILLAGE	_	IKORODU	LAGOS	NIGERIA
6. Brief Description of the character of the affairs which are actual				1,110,000
TO SPREAD THE GOSPEL OF JESUS CHRIST				!
7. NAMES AND ADDRESSES OF THE OFFICERS ("X"	BOX FOR ATTACHM	ENT) TILL IN SPACE	ES BEFORE USING AT	TACHMENTS
President Name PASTOR OLUSOLA FRANK T	AKANBI	Vice President Name		
Sireci Address 18 LINDEN STREE	1	Street Address		
PROVIDENCE State RI	02907	City	State	Zip
Secretary Name CTANIAT DSAGIE		Treasurer Name J QS {	PH MAN	fre <u>D</u> I
Sirrer Address 18 LINDEN STREET		Sireei Address 72 G	OUGH AVE	ŗ
PROVIDENCE RI	02907	West Warw	State	02893
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" THE NUMBER OF DIRECTORS OF A DOMESTIC (R			SPACES BEFORE USIN	NG ATTACHMENTS PREE (3). R.I.G.L. 7-6-23
Director Name		Director Name		i == 1 i == 1
Sirect Address PASTOR FRANK AKAI		PASTOR	L PAUL OF	KIKIJESU
18 LINDEN STREET		2 OJEKUNLE	= STREET, Pr	PA AJAD !
PROVIDENCE STORE RI	02907	MUSHIN	State LAG-DS	Zip
Director Name EVANG: DLAINUNMI DR	IOLA	Director Name		:
Sirce Address 40 ALADELOLA STREE		Street Address		;
City KETU LLAGOS Zip	IGERIA.	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT Agent Name	ALTER - Changes	require filling of Form 6	641 - R.I.G.L. 7-6-13 / 7-6	5-78
PASTOR OLUSOLA FRANK AKANBI	<u> </u>	City	Zip	·····
	1	•	\$;
18 LINDEN STREET	ident. Vice Presidi	PROVIDENCE ent. Secretary Assistan		02907 <u>-</u> j
* 1 2 7 6 2 9	 *	Under penalty of perjuithis report, including a	ry, I declare and affirm tha ny accompanying schedule	t I have examined es and statements,
File Date 6.9.03		-	contained herein are true a	06=05=03
Check No.		Signature of Officer PASTOR (Date TNK AKANBI
Ву	*	Print or Type Name of O		
FOR SECRETARY OF STATE USE ONLY	•	Title of Officer	~(J, DC101	Form 631 Rev. 6/02

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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iling	Period:	January	1-March 1 •	Filing Fee: \$50.00

Form 630 12102

(FORM MUST BE TYPED OR PRINT	TED IN BLACK)				
1. Corporate ID No.	2. Name of Corporat	lon			
85517	CHRISSY'S I	HAIR SALON INC.			
3. Street Address Principal Business	Оffice	_	Clly	State	Zip
1330 Mines 4. Business Phone No.	val Spr	s. State of Incorporation	N. Prov.	KI	6. SIC Code
7. Brief Description of the Characle		RHODE ISLAND			8110
8. NAMES AND ADDRES		CERS ("Y" BOY FOR ATTACS	(MENT) FILL IN SPACES RE	EFORE USING ATTACE	IMFNTS
President Name	323 01 1112 0111	CENT (A BOATON ATTACK	Vice President Name		
Christine Street Address	•	~	Christine Street Address		
M. Prov.	a State Sprie	ng In Ave.	1330 Mine N. Prov.	val Sprin	of Ave,
Secretary Name			Treasurer Name ,		
Christing Street Address		_ 1	Street Address	re Gon sal	-
1330 Minera	Spring	Itup.	1330 Min	state To	ng Are.
N. Prov.	12	02904	N. Prov.	1012	02709
9. NAMES AND ADDRES Director Name		CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
Christine (son salua	S	Street Address		
1330 Miner	a Spring	Ite.	City	State	Zip
N. Prov.	· RI.	02904			
Director Name		·	Director Name		
Street Address			Street Address		
City	State	ZIp	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	Commor	NoPar
					_

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 8 5 5 1 7 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 1-15-03	that all statements contained herein are true and correct. Signatule of Officer Date
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title by Officer Form 630 12002



Edward S. Inman. 111. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 85517 CHRISSY'S HAIR SALON INC. 3. Street Address Principal Business Office N, Prov. 1336 Mineral Spring Are.

4. Business Phone No. 5. State of Incorporation 02904 401-726-7075 6. SIC Code **RHODE ISLAND** 8110 7. Brief Description of the Character of Business Conducted in Rhode Island Hair Salan 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Christine bonzales Same Street Address 1650 Dunglasstup, Mpt 3309 N. Prev. RT 02904 State Zip Same City State 7.ip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Nome Christine Genzales Street Address 1650 Danglas Ace Apt. 3309 N. Prov. RT 02904 City State Zip Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 100 NO PAR VALUE Common No Par 100 his report must be signed in Ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ile Date:	1-9-01
Theck No.:	2290
y:	Q.
OR SECRETARY OF	STATE USE ONLY

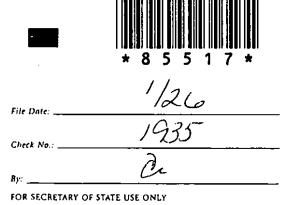
Under penalty of porjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statemony contained herein are frue and correct. Ganzales Title of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2001

riting Perioa: Janu	ary 1-March 1 •	rung ree: \$50.00	,		INSTRUCT
(FORM MUST BE TYPED IN		tion			
1. Corporate ID No. 85517	CHRISST	HAIR SALON I	IC.		
4. Business Phone No. YOX - 726.	M (NERAL . 7075 racter of Business Conducted 1	5. State of Incorporati RHODE ISL	City PROVIDED ON AND	Ci RI	^{Zip}
President Name	RESSES OF THE OFFI		TACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
	U G. Lifs Are		Street Address		
N PROMOS	State RI	zip 02909	Gliy 1	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADD Director Name	RESSES OF THE DIRE	ECTORS (*X* BOX FOR A	ATTACHMENT) FILL IN SPA	CES BEFORE USING AT	FACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip-
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	(די
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VA	LUE		10	•	Nelv



Under penalty of perjury, I de	eclare and affirm that I have examined
this report, including any acc	companying schedules and statements, and
that all statements contained	herein are true and correct.
-1////2 //	Men 1/21/01
Signature of Officer	Date
CHRISTINE	CONSALVES
Print or Type Name of Officer	



James R. Langevin, Secretary of State 100 North Main Street, Providence, RI 02903-1335

Corporations Division 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Local Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC	(אי				
	2 Name of Casasas	ion	118 50	1.410	
3. Street Address Principal Business C	Office	3 / 3 / 74 %	City	State	Zip
/330 MIN 4. Business Phone No. 401-726-7	ERAL S	PRING AVE 5. State of Incorporation	OIR JALON, CHY NORTH PROVI	ance RI	02 904 6. SIC Code 8/10
7. Brief Description of the Character	of Business Conducted in	n Rhode Island			
8. NAMES AND ADDRESS		CERS ("X" BOX FOR ATTA			
President Name	, ,		Vice President Name		
CHRISTINE Street Address			Street Address		
1650 Doug	LAS AVE	- APT 3309			
1650 Deile City PROVIDENCE	State	Zip	City	State	Zip
N. PROVIDENCE Secretary Name	RI	02909	Treasurer Name		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIRI	ECTORS ("X" BOX FOR A	TTACHMENT) 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
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		NAIN	100	•	NPP
		•			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.
Signature of Officer Cole
CHRISTING L. GOWSALVES
Print or Type Name of Officer
PRESIDENT
Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILASI REAL INSTRUCTIONS

, ,		<u> </u>			
(FORM MUST BE TYPED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation				
85517	CHRISSY	'S HAIR	SALOW IN	ν_{C}	
3. Street Address Principal Business Of	Ace		City	State -	Zip
/330 M/ドビル) 4. Business Phone No.	Ne SPRING	AVE 5. State of Incorporation	SALON ZA	eci 85.1	OZYOY 6. SIC Code
YOI - 716 - 7075 7. Brief Description of the Character of	Business Conducted in Rho	R I de Island			8110
BEAUTY SAL	. cN				
8. NAMES AND ADDRESSE President Name	S OF THE OFFICE	RS (*X* BOX FOR ATTACH)	MENT) Vice President Name		
CHRISTING L.	GONSALI	v & 3	Street Address		
1650 Douber. City N. Providence	State	1PT 3309	City	State	Zip
AL Provinsure	RI	02904			
Secretary Name	, - _	• • •	Treasurer Name		
Street Address	•		Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSI	S OF THE DIRECT	ORS ("X" BOX FOR ATTAC			
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
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200		NIPL	100		N/P/V

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

			Under penalty of perjury, I declare	
			that all trainment contained herely	nying schedules and statements, and n are true and correct.
File Date:	M. PAID M. HEZ	7 ri mr	MhMM	10/12/01
Check No.: _	<u> </u>	(Signature of Officer CHRISTING L.	CONS ALVES
Bv:	SECY OF STATE SAV		Print or Type Name of Officer	
FOR SECRET	TARY OF STATE USE ONLY CAN SUFF		Title of Officer	



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street; Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PREASERIAD INSTRUCTIONS

1. Corporate ID No. 2. Name of Corporation 85517 CHRISSY'S HAIR SALON INC. 3. Street Address Principal Business Office N. PLOVINGUE 502016 1570 MINERAL 4. Business Phone No. RHODE ISLAND ひロノーヨグヨー タレセフ 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name CHRISTING GONSALVES Street Address Street Address ZIp Secretary Name Treasurer Name Street Address Street Address City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address State Zip City Zip Director Name Director Name Street Address Street Address City State Zip State Zio 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value **100 SHS NO PAR VALUE** NO PAR 100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: _	3.7.98
Check No.: _	947
Ву:	llp
FOR SECRET	TARY OF STATE USE ONLY

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.

Signature of Officer

Print or Type Name of Officer

Title of Officer

Title of Officer



James R. Lungevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

85517

CHRISSY'S HAIR SALON INC.

3. Street Address Principal Business Office

AVE

NORTH PROVIDENCE

State

1540 MINERAL SPRING 4. Rusiness Phone No.

*82

5. State of Incorporation

RI

3 02904 6. SIC Code

401-353-9227

RHODE ISLAND

8110

7. Brief Description of the Character of Business Conducted in Rhode Island

SALON BEAUTY SALON 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

CHRISTINE

President Name

Vice President Name

GONSALVES Street Address

Street Address

1650 douglas ave # ##***x

City

City

State

7.1p

NORTH PROVIDENCE

RI

02904

Treasurer Name

Street Address

Street Address

City

City

State

ZIp

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Director Name

Street Address

Street Address

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

Chy

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 SHS NO PAR VALUE

100

no par

his report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

Check No :

FOR SECRETARY OF STATE USE ONLY

that all statements contained hereingare true and correct

CHRISTINE

GONSALVES

Print or Type Name of Officer

Title of Officer

PRES

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

PRUFIT GURFURATION ANNUAL REPORT

1996

PLEASE TYPE OR PRINT IN BLACK INK.



State of Knode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

1. CORPORATE IO NO. 2. IJAME OF CORPORATION CHRISSY'S HAIR SALON INC. 3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE - APT 3309 N. PREVIOUNCE 5. STATE OF INCOPPORATION RHODE ISLAND エ/1-353-9227 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND J400 8. NAMES AND ADDRESSES OF THE OFFICERS PRESIDEIT NAME TREASURER HAME STREET ADDRESS STREET ADDRESS STATE ZP COOL ZIP CODE ADDRESSES OF DIRECTOR NAME STREET ADDRESS DIRECTOR NAME STREET ADDRESS STREET ADDRESS ZP C006 **AUTHORIZED SHARES** ISSUED SHARES PAR VALUE NAMBER OF SHARES CLASS / SERVES 100 SHS NO PAR VALUE This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. File Date: Signature of Officer GONSAlves CHRUSTING Check No: Print or Type Name of Officer By:

DETACH BOTTOM REFORE RETURNING