



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. Riser Street  
Providence, RI 02904 2615  
401 222 3049

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ~~2019~~ 2020**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00

1. Corporation ID <b>550671</b>		2. Name of Corporation <b>SHIMMER SALON AND DAY SPA, INC.</b>			
3. Street Address Principal Business Office <b>500 MAIN ST</b>			City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
4. Business Phone No <b>401 336-3700</b>		5. State of Incorporation <b>Rhode Island</b> <b>(812112)</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>HAIR SALON AND DAY SPA SELLING BEAUTY PRODUCTS</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Grace Labbe</b>			Vice President Name		
Street Address <b>216 Laurel Ridge Lane</b>			Street Address		
City <b>N Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Grace Labbe</b>			Director Name		
Street Address <b>216 Laurel Ridge Lane</b>			Street Address		
City <b>N. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED <b>8000</b>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares <b>8000</b>	Class/Series	Par Value <b>no</b>

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.

**FILED**

**MAY 06 2020**  
**KL XQ 017**

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

**Grace Labbe** **3/1/20**  
Signature Date

**Grace Labbe**  
Print or Type Name

**President**  
Title

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY