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

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. Corporate ID No.	2. Name of Corporation			
126660	Alberto-Culver USA, Inc.			
3. Street Address Principal Business Office		City	State	Zip
2525 Armitage Avenue		Melrose Park	IL	60160
4. Business Phone No.	5. State of Incorporation			
708-450-3193	Delaware			

6. Brief Description of the Character of Business Conducted in Rhode Island
Manufacture, sell, and distribute hair care products.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Vincent J. Marino			Reed Anders		
Street Address			Street Address		
2525 Armitage Avenue			2525 Armitage Avenue		
City	State	Zip	City	State	Zip
Melrose Park	IL	60160	Melrose Park	IL	60160
Secretary Name			Treasurer Name		
Gary P. Schmidt			NONE		
Street Address			Street Address		
2525 Armitage Avenue					
City	State	Zip	City	State	Zip
Melrose Park	IL	60160			

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Vincent J. Marino			Ralph J. Nicoletti		
Street Address			Street Address		
2525 Armitage Avenue			2525 Armitage Avenue		
City	State	Zip	City	State	Zip
Melrose Park	IL	60160	Melrose Park	IL	60160
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE	10	COMMON	NO PAR VALUE
			THIS SECTION MUST BE COMPLETED		

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.

[redacted]

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.

James Gornick — 2-5-08
Signature *Date*

James Gornick
Print or Type Name

[redacted] Manager of Taxes
Title

FILED
File Date FEB 14 2008
Check No. 41738
By: By
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06