STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

***James R. Langevin**, Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 41302

2. Name of Corporation Wave Lengths Salon & Spa, Inc.

3. Street Address Principal Business Office 11 Memorial Blvd. Suite 3

City Newport *State* RI *Zip* 02840

4. Business Phone No. 401-849-4427

5. State of Incorporation RHODE ISLAND

6. SIC Code 8110

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

Beauty Salon

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

President Name D'Ann Scott
Street Address 11 Memorial Blvd., Suite 3
City Newport *State* RI *Zip* 02840

Vice President Name D'Ann Scott
Street Address 11 Memorial Blvd., Suite 3
City Newport *State* RI *Zip* 02840

Secretary Name D'Ann Scott
Street Address 11 Memorial Blvd., Suite 3
City Newport *State* RI *Zip* 02840

Treasurer Name D'Ann Scott
Street Address 11 Memorial Blvd., Suite 3
City Newport *State* RI *Zip* 02840

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

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000 NO PAR		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	No Par

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

* 4 1 3 0 2 *

File Date: 3/6/00

Check No.: 1794

By: [illegible]

FOR SECRETARY 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.

D'Ann E Scott 3-2-00
Signature of Officer *Date*

D'Ann Scott
Print or Type Name of Officer

President
Title of Officer

Form 630 12/96