Filing Fee $50.00
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Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations

Office of The Secretary of State

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

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0041302 Annual Report for the year: 1994

Name of Business Entity: Wave Lengths Salon, Inc.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number:

For foreign entity, address and telephone number of principal office:

( ) 849-4427

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Sheraton Islander Hotel
Newport, RI 02840

Phone: ( )

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Brief statement of the character of business conducted in Rhode Island:

Beauty salon

Date of Organization: 1/1/87

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)			
D'Ann E. Scott ☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One)	Sheraton Islander Hotel	Newport, RI	02840
D'Ann E. Scott ☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)	Sheraton Islander Hotel	Newport, RI	02840
D'Ann E. Scott ☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)	Sheraton Islander Hotel	Newport, RI	02840
D'Ann E. Scott	Sheraton Islander Hotel	Newport, RI	02840

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	1,000	NUMBER	100
CLASS	Common	CLASS	Common
SERIES	No par	SERIES	No par
PAR VALUE OR WITHOUT PAR		PAR VALUE OR WITHOUT PAR	

Date 4-18-95, 19

By: D'ann c Scott

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

12/31/94

CK # 8236 DD