



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |  |                         |                     |                     |
|--|--------------------|--|-------------------------|---------------------|---------------------|
| 1. Entity ID No.<br><b>113526</b>  |                    | 2. Exact name of the Corporation<br><b>Aveda Experience Centers Inc.</b> |                         |                     |                     |
| 3. Principal office address<br><b>7 Corporate Center Drive, Attn: Tax Department</b>   |                    | City<br><b>Melville</b>  | State<br><b>NY</b>      | Zip<br><b>11747</b> |                     |
| 4. Business Phone No.<br><b>631-847-6327</b>   |                    | 5. State of Incorporation<br><b>DE</b>                                   |                         |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Cosmetics, hair care products and related services</b>                   |                    |  |                         |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |                         |                     |                     |
| President Name<br><b>Dominique Nils Consell</b>  |                    | Vice-President Name<br><b>James Schwecherl</b>                           |                         |                     |                     |
| Street Address<br><b>7 Corporate Center Drive</b>  |                    | Street Address<br><b>7 Corporate Center Drive</b>                        |                         |                     |                     |
| City<br><b>Melville</b>  | State<br><b>NY</b> | Zip<br><b>11747</b>  | City<br><b>Melville</b> | State<br><b>NY</b>  | Zip<br><b>11747</b> |
| Secretary Name<br><b>Spencer Smul</b>  |                    | Treasurer Name<br><b>Peter O'Hara</b>                                    |                         |                     |                     |
| Street Address<br><b>7 Corporate Center Drive</b>  |                    | Street Address<br><b>7 Corporate Center Drive</b>                        |                         |                     |                     |
| City<br><b>Melville</b>  | State<br><b>NY</b> | Zip<br><b>11747</b>  | City<br><b>Melville</b> | State<br><b>NY</b>  | Zip<br><b>11747</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |                         |                     |                     |
| Director Name<br><b>Sara Moss</b>  |                    | Director Name<br><b>Tracey Travis</b>                                    |                         |                     |                     |
| Street Address<br><b>7 Corporate Center Drive</b>  |                    | Street Address<br><b>7 Corporate Center Drive</b>                        |                         |                     |                     |
| City<br><b>Melville</b>  | State<br><b>NY</b> | Zip<br><b>11747</b>  | City<br><b>Melville</b> | State<br><b>NY</b>  | Zip<br><b>11747</b> |
| Director Name  |                    | Director Name  |                         |                     |                     |
| Street Address   |                    | Street Address   |                         |                     |                     |
| City   | State              | Zip  | City                    | State               | Zip                 |
| 9. SHARES AUTHORIZED   |                    | 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. |                    | NUMBER OF SHARES   | CLASS/SERIES            | PAR VALUE           |                     |
|  |                    | 100  | Common                  | .01                 |                     |
|  |                    |  |                         |                     |                     |

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.

File Date **6/24/13**

Check No. **Confir # 201276**

By: **KMC**

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.

Signature of Authorized Representative

**6/24/13**

Date

**James Schwecherl**

Print or Type Name of Authorized Representative