



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