



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1339  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 85517		2. Name of Corporation CHRISSY'S HAIR SALON INC.			
3. Street Address Principal Business Office 133D MINERAL SPRING AVE		City N. PROV		State RI	Zip 02904
4. Business Phone No. 401 726 7075		5. State of Incorporation RHODE ISLAND			6. SIC Code 2610
7. Brief Description of the Character of Business Conducted in Rhode Island BEAUTY SALON TO INCLUDE HAIR, NAILS, AND SKIN CARE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHRISTINE GONSALVES			Vice President Name SAME		
Street Address 133D MINERAL SPRING AVE			Street Address		
City N PROV	State RI	Zip 02904	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CHRISTINE GONSALVES			Director Name		
Street Address 133D MINERAL SPRING AVE			Street Address		
City N. PROV	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	COMMON	NO PAR	100	COMMON	NO PAR

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



File Date	1-27-05
Check No.	4124
By:	<i>[Signature]</i>
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]*  
Signature of Officer  
CHRISTINE GONSALVES  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 85517		2. Name of Corporation CHRISSY'S HAIR SALON INC.			
3. Street Address Principal Business Office 1330 Mineral Spring Ave		City N. Prov.	State RI	Zip 02904	
4. Business Phone No. 401-726-7075		5. State of Incorporation RHODE ISLAND		6. SIC Code 8110	
7. Brief Description of the Character of Business Conducted in Rhode Island BEAUTY SALON TO INCLUDE HAIR, NAILS, AND SKIN CARE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christine Gonsalves			Vice President Name Same		
Street Address 1330 Mineral Spring Ave			Street Address		
City N. Prov.	State RI	Zip 02904	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Christine Gonsalves			Director Name		
Street Address 1330 Mineral Spring Ave			Street Address		
City N. Prov.	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	Common No Par		100	Common	No Par

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



\* 8 5 5 1 7 \*

File Date 1-16-04  
Check No. 3439  
By: [Signature]

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 Officer [Signature] Date \_\_\_\_\_  
Christine Gonsalves  
Print or Type Name of Officer  
President  
Title of Officer



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 127629	2. Name of Corporation CHRIST APOSTOLIC MIRACLE MINISTRY		
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island - Street Address 118 LINDEN STREET	City PROVIDENCE	Zip 02907
5. Foreign corporation. Enter principal office address AGBESE VILLAGE	City IKORODU	State LAGOS	Zip NIGERIA
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. TO SPREAD THE GOSPEL OF JESUS CHRIST			

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name PASTOR OLUSOLA FRANK AKANBI		Vice President Name	
Street Address 18 LINDEN STREET		Street Address	
City PROVIDENCE	State RI	Zip 02907	
Secretary Name GANIAT OSAGIE		Treasurer Name JOSEPH MANFREDI	
Street Address 18 LINDEN STREET		Street Address 72 GOUGH AVENUE #84	
City PROVIDENCE	State RI	Zip 02907	City WEST WARWICK
			State RI
			Zip 02893

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name PASTOR FRANK AKANBI		Director Name PASTOR PAUL OKIKIJESU	
Street Address 18 LINDEN STREET		Street Address 2 OSEKUNLE STREET, PAPA AJAO	
City PROVIDENCE	State RI	Zip 02907	City MUSHIN
			State LAGOS
			Zip NIGERIA
Director Name EVANG. OLANUNMI OBIOLA		Director Name	
Street Address 40 ARADELOLA STREET		Street Address	
City KETU	State LAGOS	Zip NIGERIA	

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78	
Agent Name PASTOR OLUSOLA FRANK AKANBI	Address
Address 18 LINDEN STREET	City PROVIDENCE
	Zip 02907

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



\* 1 2 7 6 2 9 \*

6.9.03

1030

2

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 Officer  
PASTOR OLUSOLA FRANK AKANBI  
Print or Type Name of Officer  
PRESIDENT  
Date  
06-05-03  
Title of Officer



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 85517 2. Name of Corporation CHRISSY'S HAIR SALON INC.  
3. Street Address Principal Business Office  
1330 Mineral Spring Ave  
4. Business Phone No. 401-726-7075 5. State of Incorporation RHODE ISLAND  
7. Brief Description of the Character of Business Conducted in Rhode Island  
Hair Salon

City N. Prov. State RI Zip 02904  
6. SIC Code 8110

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

President Name Christine Gonsalves  
Street Address  
1330 Mineral Spring Ave.  
City N. Prov. State RI Zip 02904

Vice President Name Christine Gonsalves  
Street Address  
1330 Mineral Spring Ave.  
City N. Prov. State RI Zip 02904

Secretary Name Christine Gonsalves  
Street Address  
1330 Mineral Spring Ave.  
City N. Prov. State RI Zip 02904

Treasurer Name Christine Gonsalves  
Street Address  
1330 Mineral Spring Ave.  
City N. Prov. State RI Zip 02904

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

Director Name Christine Gonsalves  
Street Address  
1330 Mineral Spring Ave.  
City N. Prov. State RI Zip 02904

Director Name [Signature]  
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  
100 NO PAR VALUE

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 Trustee



\* 8 5 5 1 7 \*

File Date: 1-15-03  
Check No.: 2987

By: UP

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] Date 1/13/03  
Signature of Officer

Christine Gonsalves  
Print or Type Name of Officer

President  
Title of Officer



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85517**  
2. Name of Corporation **CHRISSY'S HAIR SALON INC.**  
3. Street Address Principal Business Office  
**1336 Mineral Spring Ave.**  
4. Business Phone No. **401-726-7075**  
5. State of Incorporation **RHODE ISLAND**

City **N. Prov.** State **RI** Zip **02904**  
6. SIC Code **8110**

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

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

President Name **Christine Gonzales**  
Street Address  
**1650 Douglas Ave. Apt 3309**  
City **N. Prov.** State **RI** Zip **02904**  
Secretary Name **Same**  
Street Address  
City State Zip

Vice President Name **Same**  
Street Address  
City State Zip  
Treasurer Name **Same**  
Street Address  
City State Zip

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

Director Name **Christine Gonzales**  
Street Address  
**1650 Douglas Ave Apt. 3309**  
City **N. Prov.** State **RI** Zip **02904**  
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
100 NO PAR VALUE		

**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 Trustee



\* 8 5 5 1 7 \*

File Date: **1-9-02**  
Check No.: **2290**  
by: **OC**

OR 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 Officer **Christine Gonzales** Date **1/9/02**

Print or Type Name of Officer **Christine Gonzales**

Title of Officer **President**



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85517** 2. Name of Corporation **CHRISSTY'S HAIR SALON INC.**

3. Street Address Principal Business Office **1330 MINERAL SPRING AVE** City **PROVIDENCE** State **RI** Zip **02904**

4. Business Phone No. **401-726-7075** 5. State of Incorporation **RHODE ISLAND** 6. SIC **8190**

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

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

President Name **CHRISTINE L GONZALEZ**  
Street Address **1650 DOUGLAS AVE # 3309**  
City **PROVIDENCE** State **RI** Zip **02904**

Vice President Name  
Street Address  
City State Zip

Secretary Name  
Street Address  
City State Zip

Treasurer Name  
Street Address  
City State Zip

**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  
**100 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100** **1/2/01**

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



\* 8 5 5 1 7 \*

File Date: **1/26**  
Check No.: **1935**  
By: **CG**

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 Officer **Christine Gonzalez** Date **1/26/01**  
Print or Type Name of Officer **CHRISTINE GONZALEZ**  
Title of Officer **PRESIDENT**



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  
401-277-3040



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. 85517 2. Name of Corporation CHRISSEY'S HAIR SALON, INC.  
3. Street Address Principal Business Office 1330 MINERAL SPRING AVE NORTH PROVIDENCE RI City RI State 02904 Zip  
4. Business Phone No. 401-726-7075 5. State of Incorporation RI 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)

President Name	Vice President Name
<u>CHRISTINE L. GONSALES</u>	
Street Address	Street Address
<u>1650 DOUGLAS AVE - APT 3309</u>	
City	City
<u>N. PROVIDENCE RI</u>	
State	State
<u>RI</u>	
Zip	Zip
<u>02904</u>	
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>200</u>	<u>N/P/V</u>	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>N/P/V</u>	

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

File Date: JUL 03 2000

Check No.: 247502

By: CHRISTINE L. GONSALES

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 Officer

CHRISTINE L. GONSALES

Print or Type Name of Officer

PRESIDENT

Title of Officer



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  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85517 2. Name of Corporation CHRISSEY'S HAIR SALON, INC.  
3. Street Address Principal Business Office 1330 MINERAL SPRING AVE City NORTH PROVIDENCE State RI Zip 02904  
4. Business Phone No. 401-726-7075 5. State of Incorporation RI 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)

President Name	Vice President Name
<u>CHRISTINE L. GONSALVES</u>	
Street Address	Street Address
<u>1650 DOUGLAS AVE - APT 3309</u>	
City	City
<u>N. PROVIDENCE</u>	
State	State
<u>RI</u>	
Zip	Zip
<u>02904</u>	
Treasurer Name	
Street Address	Street Address
City	City
State	State
Zip	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>200</u>	<u>N/P/V</u>	

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

ISSUED SHARES	Class/Series	Par Value
<u>100</u>	<u>N/P/V</u>	

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

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.

File Date: 07/03/2000 PAID 00.11527  
Check No.: JUL 03 2000  
By: SECY OF STATE  
FOR SECRETARY OF STATE USE ONLY KID 247502

Signature of Officer [Signature] Date 6/12/00  
Print or Type Name of Officer CHRISTINE L. GONSALVES  
Title of Officer PRESIDENT





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  
401-277-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85517** 2. Name of Corporation **CHRISSY'S HAIR SALON INC.**  
3. Street Address Principal Business Office **1570 MINERAL SPRING AVE N. PROVIDENCE RI** City **RI** State **02907** Zip  
4. Business Phone No. **401-353-9227** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**  
7. Brief Description of the Character of Business Conducted in Rhode Island

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>CHRISTINE GONSALVES</b>	Vice President Name
Street Address <b>1650 DOUGLAS AVE</b>	Street Address
City <b>N PROVIDENCE RI</b> State <b>RI</b> Zip <b>02907</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>100 SHS</b>	<b>NO PAR VALUE</b>	

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>NO PAR</b>	

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



\* 8 5 5 1 7 \*

File Date: 3.2.98

Check No.: 947

By: llp

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 Officer Christine Gonsalves Date 1/21/98

Print or Type Name of Officer Christine Gonsalves

Title of Officer President



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  
401-277-3040



# PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85517** 2. Name of Corporation **CHRISSY'S HAIR SALON INC.**

3. Street Address Principal Business Office **1540 MINERAL SPRING AVE** City **NORTH PROVIDENCE** State **RI** Zip **02904**  
4. Business Phone No. **401-353-9227** 5. State of Incorporation **RHODE ISLAND**  
6. SIC Code **8110**

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

**HAIR SALON - BEAUTY SALON**

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name Vice President Name

**CHRISTINE GONSALVES**

Street Address Street Address

**1650 douglas ave # 3309** City **NORTH PROVIDENCE** State **RI** Zip **02904**

Secretary Name Treasurer Name

Street Address Street Address  
City State Zip City State Zip

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name Director Name

Street Address Street Address  
City State Zip City State Zip

Director Name Director Name

Street Address Street Address  
City State Zip City State Zip

## 10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VALUE			100		no par

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



File Date: **1/28/97**  
Check No.: **579**  
By: **[Signature]**

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 Officer **CHRISTINE GONSALVES** Date **1/21/97**  
Print or Type Name of Officer  
Title of Officer **PRES**

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 85517 2. NAME OF CORPORATION CHRISSY'S HAIR SALON INC.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1650 Douglas Avenue - Apt 3309 N. Providence RI CITY RI STATE RI ZIP CODE 02904  
4. BUSINESS PHONE NO. 212-353-9227 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 8110

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Beauty Shop

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME CHRISTINE GONCALVES VICE PRESIDENT NAME \_\_\_\_\_  
STREET ADDRESS 1650 Douglas Avenue - Apt 3309 STREET ADDRESS \_\_\_\_\_  
CITY N. Providence STATE RI ZIP CODE 02904 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
SECRETARY NAME \_\_\_\_\_ TREASURER NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME CHRISTINE GONCALVES DIRECTOR NAME \_\_\_\_\_  
STREET ADDRESS 1650 Douglas Avenue - Apt 3309 STREET ADDRESS \_\_\_\_\_  
CITY N. Providence STATE RI ZIP CODE 02904 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
DIRECTOR NAME \_\_\_\_\_ DIRECTOR NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS	NO PAR VALUE		100		NPV

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date: 1/16/96  
Check No: 883  
By: [Signature]  
For Secretary of State Use Only

Signature of Officer [Signature]  
Print or Type Name of Officer CHRISTINE GONCALVES  
Title of Officer PRES  
Date 1/16/96

DETACH BOTTOM BEFORE RETURNING