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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
129721	AIDILE DAY SPA, INC.			
3. Street Address Principal Business Office		City	State	Zip
53 WATERMAN AVENUE		EAST PROVIDENCE	RI	02914
4. Business Phone No.	5. State of Incorporation			6. SIC Code
434-3665	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
BEAUTY SALON AND DAY SPA

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

President Name	Street Address	City	State	Zip
MARIA AIDILE FERRO	25 COFALL STREET	SEEKONK	MA	02771

Vice President Name	Street Address	City	State	Zip
GEORGE E. FERRO	25 COFALL STREET	SEEKONK	MA	02771

Secretary Name	Street Address	City	State	Zip
MARIA AIDILE FERRO	25 COFALL STREET	SEEKONK	MA	02771

Treasurer Name	Street Address	City	State	Zip
GEORGE E. FERRO	25 COFALL STREET	SEEKONK	MA	02771

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

Director Name	Street Address	City	State	Zip
MARIA AIDILE FERRO	25 COFALL STREET	SEEKONK	MA	02771

Director Name	Street Address	City	State	Zip
GEORGE E. FERRO	25 COFALL STREET	SEEKONK	MA	02771

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
400	COMMON	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	COMMON	NO PAR VALUE

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

[redacted] [redacted]

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 therein are true and correct.

Maria Ferro 4/18/05
Signature of Officer *Date*

MARIA AIDILE FERRO, President
Print or Type Name of Officer

Title of Officer

File Date	FILED
Check No.	APR 19 2005 1497
By:	By

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

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.	*2. Name of Corporation*			
129821	AIDILE DAY SPA, INC.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
456 Warren Avenue		East Providence	RI	02914
4. Business Phone No	*5. State of Incorporation*			*6. SIC Code*
401-434-3665	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A BEAUTY SALON AND DAY SPA

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

President Name	*Street Address*	*City*	*State*	*Zip*
Maria Aidile Ferro	25 Cofall Street	Seekonk	MA	02771

Vice President Name	*Street Address*	*City*	*State*	*Zip*
George E. Ferro	25 Cofall Street	Seekonk	MA	02771

Secretary Name	*Street Address*	*City*	*State*	*Zip*
Maria Aidile Ferro	25 Cofall Street	Seekonk	MA	02771

Treasurer Name	*Street Address*	*City*	*State*	*Zip*
George E. Ferro	25 Cofall Street	Seekonk	MA	02771

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

Director Name	*Street Address*	*City*	*State*	*Zip*
Maria Aidile Ferro	25 Cofall Street	Seekonk	MA	02771

Director Name	*Street Address*	*City*	*State*	*Zip*
George E. Ferro	25 Cofall Street	Seekonk	MA	02771

Director Name	*Street Address*	*City*	*State*	*Zip*
none				

Director Name	*Street Address*	*City*	*State*	*Zip*
none				

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
400 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
200	Common	none

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

[redacted]

*129821

File Date 1-29-04

Check No. 1348

By: HP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Maria A. Ferro 1/16/04

Signature of Officer *Date*

MARIA FERRO
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 Rev. 12/03