



**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. <b>37525</b>		2. Name of Corporation <b>Kathy's Place, Inc.</b>			
3. Street Address Principal Business Office <b>999 CASS AVENUE</b>			City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>
4. Business Phone No. <b>401 7655766</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>8110</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>GENERAL BEAUTY SALON</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>KATHERINE CONCILIO</b>			Vice President Name <b>THOMAS CONCILIO</b>		
Street Address <b>15 WYSTERIA LANE</b>			Street Address <b>15 WYSTERIA LANE</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>THOMAS CONCILIO</b>			Treasurer Name <b>KATHERINE CONCILIO</b>		
Street Address <b>15 WYSTERIA LANE</b>			Street Address <b>15 WYSTERIA LANE</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>KATHERINE CONCILIO</b>			Director Name <b>THOMAS CONCILIO</b>		
Street Address <b>15 WYSTERIA LANE</b>			Street Address <b>15 WYSTERIA LANE</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
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
<b>600 NO PAR VALUE</b>			<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



File Date 2-10-05  
Check No. 9053  
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] 2/8/05  
Signature of Officer Date  
**THOMAS CONCILIO**  
Print or Type Name of Officer  
**VICE PRESIDENT**  
Title of Officer

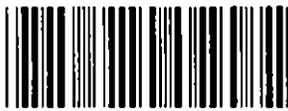


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 37525		2. Name of Corporation Kathy's Place, Inc.			
3. Street Address Principal Business Office 999 CASS AVENUE			City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. 401 7655746		5. State of Incorporation RHODE ISLAND			6. SIC Code 8110
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL BEAUTY SALON					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KATHERINE M CONCILIO			Vice President Name THOMAS J CONCILIO		
Street Address 15 WYSTERIA LANE			Street Address 15 WYSTERIA LANE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name THOMAS J CONCILIO			Treasurer Name KATHERINE M CONCILIO		
Street Address 15 WYSTERIA LANE			Street Address 15 WYSTERIA LANE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KATHERINE M CONCILIO			Director Name THOMAS J CONCILIO		
Street Address 15 WYSTERIA LANE			Street Address 15 WYSTERIA LANE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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
600	NO PAR VALUE		100	COMMON	NO PAR VALUE

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



\* 3 7 5 2 5 \*

File Date: 1-29-04  
Check No.: 8400  
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: 1-27-04  
Print or Type Name of Officer: THOMAS J CONCILIO  
Title of Officer: VICE PRESIDENT



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 37525 2. Name of Corporation KATHY'S PLACE, INC.  
3. Street Address Principal Business Office 999 CASS AVENUE City WOONSOCKET State RI Zip 02895  
4. Business Phone No. 7655766 5. State of Incorporation RHODE ISLAND 6. SIC Code 8110  
7. Brief Description of the Character of Business Conducted in Rhode Island  
GENERAL BEAUTY SALON

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

President Name <u>KATHERINE CONCILIO</u> Street Address <u>15 WYSTERIA LANE</u> City <u>CUMBERLAND</u> State <u>RI</u> Zip <u>02864</u>	Vice President Name <u>THOMAS CONCILIO</u> Street Address <u>15 WYSTERIA LANE</u> City <u>CUMBERLAND</u> State <u>RI</u> Zip <u>02864</u>
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Secretary Name <u>THOMAS CONCILIO</u> Street Address <u>15 WYSTERIA LANE</u> City <u>CUMBERLAND</u> State <u>RI</u> Zip <u>02864</u>	Treasurer Name <u>KATHERINE CONCILIO</u> Street Address <u>15 WYSTERIA LANE</u> City <u>CUMBERLAND</u> State <u>RI</u> Zip <u>02864</u>
--	---

9. Director Name <u>KATHERINE CONCILIO</u> Street Address <u>15 WYSTERIA LANE</u> City <u>CUMBERLAND</u> State <u>RI</u> Zip <u>02864</u>	Director Name <u>THOMAS CONCILIO</u> Street Address <u>15 WYSTERIA LANE</u> City <u>CUMBERLAND</u> State <u>RI</u> Zip <u>02864</u>
---	---

Director Name <u>KATHERINE CONCILIO</u> Street Address <u>15 WYSTERIA LANE</u> City <u>CUMBERLAND</u> State <u>RI</u> Zip <u>02864</u>	Director Name <u>THOMAS CONCILIO</u> Street Address <u>15 WYSTERIA LANE</u> City <u>CUMBERLAND</u> State <u>RI</u> Zip <u>02864</u>
--	---

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>600</u>	<u>NO</u>	<u>PAR VALUE</u>

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

ISSUED SHARES	Class/Series	Par Value
<u>100</u>	<u>COMMON</u>	<u>NO PAR VALUE</u>

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

**FILED**

File Date: \_\_\_\_\_

**FEB 11 2003**

Check No.: \_\_\_\_\_

By: By GAD 313104

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.

Thomas Concilio, 2/10/03  
Signature of Officer Date

THOMAS CONCILIO, VICE PRESIDENT  
Print or Type Name of Officer

Title of Officer  
5



**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. **37525** 2. Name of Corporation **Kathy's Place, Inc.**  
 3. Street Address Principal Business Office **999 CASS AVENUE** City **WOONSOCKET** State **RI** Zip **02895**  
 4. Business Phone No. **765-5766** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**GENERAL BEAUTY SALON**

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

President Name <b>KATHERINE CONCILIO</b>	Vice President Name <b>THOMAS CONCILIO</b>
Street Address <b>15 WYSTERIA LANE</b>	Street Address <b>15 WYSTERIA LANE</b>
City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>	City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>
Secretary Name <b>THOMAS CONCILIO</b>	Treasurer Name <b>KATHERINE CONCILIO</b>
Street Address <b>15 WYSTERIA LANE</b>	Street Address <b>15 WYSTERIA LANE</b>
City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>	City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>

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

Director Name <b>KATHERINE CONCILIO</b>	Director Name <b>THOMAS CONCILIO</b>
Street Address <b>15 WYSTERIA LANE</b>	Street Address <b>15 WYSTERIA LANE</b>
City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>	City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>
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
<b>600 NO PAR VALUE</b>		

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

ISSUED SHARES

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

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



\* 3 7 5 2 5 \*

File Date: 2-15-02

Check No.: 17270

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.

Thomas Concilio 2-13-02  
Signature of Officer Date

**THOMAS CONCILIO, VICE PRESIDENT**

Print or Type Name of Officer

Title of Officer



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. **37525** 2. Name of Corporation **Kathy's Place, Inc.**

3. Street Address Principal Business Office **999 CASS AVENUE** City **WOONSOCKET** State **RI** Zip **02895**  
4. Business Phone No. **765-5766** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**

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

**GENERAL BEAUTY SALON**

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

President Name **KATHERINE CONCILIO** Vice President Name **THOMAS CONCILIO**  
Street Address **15 WYSTERIA LANE** Street Address **15 WYSTERIA LANE**  
City **CUMBERLAND** State **RI** Zip **02864** City **CUMBERLAND** State **RI** Zip **02864**

Secretary Name **THOMAS CONCILIO** Treasurer Name **KATHERINE CONCILIO**  
Street Address **15 WYSTERIA LANE** Street Address **15 WYSTERIA LANE**  
City **CUMBERLAND** State **RI** Zip **02864** City **CUMBERLAND** State **RI** Zip **02864**

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

Director Name **KATHERINE CONCILIO** Director Name **THOMAS CONCILIO**  
Street Address **\*\* SAME AS ABOVE \*\*** Street Address **\*\* SAME AS ABOVE \*\***  
City **CUMBERLAND** State **RI** Zip **02864** City **CUMBERLAND** State **RI** Zip **02864**

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  
**600 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 COMMON NO PAR VALUE**

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



\* 3 7 5 2 5 \*

File Date: 2/22

Check No.: 6737

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.

Thomas J. Concilio 2-12-01  
Signature of Officer Date

**THOMAS J. CONCILIO, VICE PRESIDENT**

Vice President  
Title of Officer



**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. **37525** 2. Name of Corporation **Kathy's Place, Inc.**

3. Street Address Principal Business Office

**999 CASS AVENUE**

4. Business Phone No.

**765-5766**

5. State of Incorporation

**RHODE ISLAND**

City

**WOONSOCKET**

State

**RI**

Zip

**02895**

6. SIC Code

**8110**

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

**GENERAL BEAUTY SALON**

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

President Name

**KATHERINE CONCILIO**

Street Address

**15 WYSTERIA LANE**

City

State

Zip

**CUMBERLAND**

**RI**

**02864**

Vice President Name

**THOMAS CONCILIO**

Street Address

**15 WYSTERIA LANE**

City

State

Zip

**CUMBERLAND**

**RI**

**02864**

Secretary Name

**THOMAS CONCILIO**

Street Address

**15 WYSTERIA LANE**

City

State

Zip

**CUMBERLAND**

**RI**

**02864**

Treasurer Name

**KATHERINE CONCILIO**

Street Address

**15 WYSTERIA LANE**

City

State

Zip

**CUMBERLAND**

**RI**

**02864**

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

Director Name

**KATHERINE CONCILIO**

Street Address

**\*\* SAME AS ABOVE \*\***

City

State

Zip

Director Name

**THOMAS CONCILIO**

Street Address

**\*\* SAME AS ABOVE \*\***

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

**600 SHS NO PAR VAL**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**100**

**COMMON**

**NO PAR VALUE**

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



\* 3 7 5 2 5 \*

File Date: 2/3/00

Check No.: 6244

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.

Thomas Concilio 1/27/2000  
Signature of Officer Date

**THOMAS J. CONCILIO, VICE PRESIDENT**

Print or Type Name of Officer

Title of Officer



**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. **37525** 2. Name of Corporation **Kathy's Place, Inc.**  
3. Street Address Principal Business Office **999 CASS AVENUE** City **WOONSOCKET** State **RI** Zip **02895**  
4. Business Phone No. **401 - 765-5766** 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) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>KATHERINE CONCILIO</b> Street Address <b>15 WYSTERIA LANE</b> City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>	Vice President Name <b>THOMAS CONCILIO</b> Street Address <b>15 WYSTERIA LANE</b> City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>
Secretary Name <b>THOMAS CONCILIO</b> Street Address <b>15 WYSTERIA LANE</b> City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>	Treasurer Name <b>KATHERINE CONCILIO</b> Street Address <b>15 WYSTERIA LANE</b> City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>

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

Director Name <b>KATHERINE CONCILIO</b> Street Address <b>** SAME AS ABOVE **</b> City _____ State _____ Zip _____	Director Name <b>THOMAS CONCILIO</b> Street Address <b>** SAME AS ABOVE **</b> City _____ State _____ Zip _____
--	---

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 SHS NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



File Date: Feb 18, 1999  
Check No.: 9819  
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: Thomas J. Concilio Date: 2-15-99  
**THOMAS J. CONCILIO, VICE PRESIDENT**  
Print or Type Name of Officer  
Title of Officer



**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. **37525** 2. Name of Corporation **Kathy's Place, Inc.**

3. Street Address Principal Business Office **999 CASS AVENUE** City **WOONSOCKET** State **RI** Zip **02895**

4. Business Phone No. **401-765-5766** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**

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

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

President Name **KATHERINE CONCILIO**  
Street Address **15 WYSTERIA LANE**  
City **CUMBERLAND** State **RI** Zip **02864**

Vice President Name **THOMAS CONCILIO**  
Street Address **15 WYSTERIA LANE**  
City **CUMBERLAND** State **RI** Zip **02864**

Secretary Name **THOMAS CONCILIO**  
Street Address **15 WYSTERIA LANE**  
City **CUMBERLAND** State **RI** Zip **02864**

Treasurer Name **KATHERINE CONCILIO**  
Street Address **15 WYSTERIA LANE**  
City **CUMBERLAND** State **RI** Zip **02864**

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

Director Name **KATHERINE CONCILIO**  
Street Address **-SEE ABOVE-**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name **THOMAS CONILIO**  
Street Address **-SEE ABOVE-**  
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	Class/Series	Par Value
600 SHS	NO PAR	VAL

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

ISSUED 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



File Date: 2-17-98  
Check No.: 5487  
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 Thomas J Concilio Date 2-12-98  
Print or Type Name of Officer THOMAS J CONCILIO  
Title of Officer VICE PRESIDENT



**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. **37525** 2. Name of Corporation **Kathy's Place, Inc.**  
3. Street Address Principal Business Office **999 CASS AVENUE** City **WOONSOCKET** State **RI** Zip **02895**  
4. Business Phone No. **401-765-5766** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**GENERAL BEAUTY SALON**

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

President Name <b>KATHERINE CONCILIO</b> Street Address <b>15 WYSTERIA LANE</b> City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>	Vice President Name <b>THOMAS CONCILIO</b> Street Address <b>15 WYSTERIA LANE</b> City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>
Secretary Name <b>THOMAS CONCILIO</b> Street Address <b>15 WYSTERIA LANE</b> City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>	Treasurer Name <b>KATHERINE CONCILIO</b> Street Address <b>15 WYSTERIA LANE</b> City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>

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

Director Name <b>KATHERINE CONCILIO</b> Street Address <b>-SEE ABOVE</b> City _____ State _____ Zip _____	Director Name <b>THOMAS CONCILIO</b> Street Address <b>SEE ABOVE</b> City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ 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
<b>600 SHS NO PAR VAL</b>			<b>100</b>	<b>COMMON</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



\* 3 7 5 2 5 \*

File Date: 2/21/97  
Check No.: 5056  
By: KCID  
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.

Thomas Concilio 2-14-97  
Signature of Officer Date  
THOMAS J CONCILIO  
Print or Type Name of Officer  
SECRETARY  
Title of Officer

# 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. 37525  
2. NAME OF CORPORATION Kathy's Place, Inc.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 999 CASS AVENUE  
CITY WOONSOCKET STATE RI ZIP CODE 02895  
4. BUSINESS PHONE NO 401-765-5766  
5. STATE OF INCORPORATION RHODE ISLAND  
6. SIC CODE 8110  
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
GENERAL BEAUTY SALON

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME KATHERINE CONCILIO STREET ADDRESS 15 WYSTERIA LANE CITY CUMBERLAND STATE RI ZIP CODE 02864			VICE PRESIDENT NAME THOMAS CONCILIO STREET ADDRESS 15 WYSTERIA LANE CITY CUMBERLAND STATE RI ZIP CODE 02864		
SECRETARY NAME THOMAS CONCILIO STREET ADDRESS 15 WYSTERIA LANE CITY CUMBERLAND STATE RI ZIP CODE 02864			TREASURER NAME KATHERINE CONCILIO STREET ADDRESS 15 WYSTERIA LANE CITY CUMBERLAND STATE RI ZIP CODE 02864		

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME KATHERINE CONCILIO STREET ADDRESS -SEE ABOVE- CITY STATE ZIP CODE			DIRECTOR NAME THOMAS CONCILIO STREET ADDRESS -SEE ABOVE- 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
600 SHS	NO PAR VAL		100	COMMON	NO PAR VALUE

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: 2/14/96  
Check No: 4657  
By: CC-UP  
For Secretary of State Use Only

Signature of Officer: Thomas J Concilio  
Print or Type Name of Officer: THOMAS J CONCILIO  
Title of Officer: SECRETARY Date: 2-1-96



**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0037525 Annual Report for the year: 1995

Name of Corporation: Kathy's Place, Inc.

Business entity organized under the laws of the State of: RI  
 For foreign entity, address and telephone number of principal office:

N/A

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
999 CASS AVENUE  
WOONSOCKET RI 02895

Phone: (401) 765-5766

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:  
GENERAL BEAUTY SALON

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
KATHERINE CONCILIO,	15 WYSTERIA LANE,	CUMBERLAND, RI	02864
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
THOMAS CONCILIO,	SAME		
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
THOMAS CONCILIO,	SAME		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
KATHERINE CONCILIO,	SAME		

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
KATHERINE CONCILIO,	SAME AS ABOVE		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
THOMAS CONCILIO,	SAME		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
600	COMMON / N/A	100	COMMON / N/A

Date 2-24-95 19 95

By: Thomas J Concilio  
 PRINT OR TYPE NAME OF OFFICER SIGNING THOMAS J CONCILIO  
 TITLE OF OFFICER SIGNING SECRETARY

Form 31 1/85 **DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

EDWARD E. DILLON, JR.  
 747 VICTORY HIGHWAY  
 P.O. BOX 119  
 SLATERSVILLE RI 02875

**FILED**  
 MAR 07 1995  
 By CC 4372

Filing Fee \$50.00  
Payable to:  
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

46037B

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

Corporate ID: 0037535 Annual Report for the year: 1994  
Name of Business Entity: Kathy's Place, Inc.

Business entity organized under the laws of the State of: RI  
Federal Taxpayer Identification Number: [REDACTED]  
For foreign entity, address and telephone number of principal office:  
N/A  
Phone: ( )  
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
999 CASS AVE  
WOONSOCKET RI 02895  
Phone: ( 401 765-5766

Business Entity is (check one):  
 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:  
KATHERINE CONCILIO, PRESIDENT  
999 CASS AVENUE  
WOONSOCKET RI 02895  
Brief statement of the character of business conducted in Rhode Island:  
GENERAL BEAUTY SALON  
Date of Organization: 2-14-86  
Date of Qualification to do business in Rhode Island (if foreign entity):  
N/A

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) KATHERINE CONCILIO, <del>999 CASS AVENUE</del> 63 FISHER ROAD, CUMBERLAND, RI 02864			
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) THOMAS CONCILIO, SAME 15 WYSTERIA LANE CUMBERLAND RI 02864			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) THOMAS CONCILIO, SAME SAME			
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) KATHERINE CONCILIO, SAME SAME			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
KATHERINE CONCILIO, SAME	SAME		
THOMAS CONCILIO, SAME	SAME		

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	600	NUMBER	100
CLASS	COMMON	CLASS	COMMON
SERIES	N/A	SERIES	N/A
PAR VALUE OR WITHOUT PAR	WITHOUT PAR	PAR VALUE OR WITHOUT PAR	WITHOUT PAR

FEB 12 1994  
SECY OF STAT

Date: 1-31-94 19 94 By: Thomas Concilio

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

*3677-1000*

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0037525 Annual Report for the year 1993

FIRST: The name of the corporation is Kathy's Place, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general beauty salon

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 999 Cass Avenue, Woonsocket, RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Katherine Concilio	Director	Pole 65 Fisher Rd., Cumberland, RI02864
Thomas Concilio	Director	same
	Director	
Katherine Concilio	President	same
Thomas Concilio	Vice President	same
Thomas Concilio	Secretary	same
Katherine Concilio	Treasurer	same

SEVENTH: Number of Shares authorized:

Par Value  
or statement that  
shares are without  
par value

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common	n/a	without par value

EIGHTH: Number of Shares issued:

Par Value  
or statement that  
shares are without  
par value

*PAID*  
MAR 02 1993

SECY OF STATE

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	n/a	without par value

Dated 2-25-93 19 Kathy's Place, Inc.

(Name of Corporation)  
By Thomas J. Concilio  
Title V.P.

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

*dist 3266*

Corporate ID 0037525 *AC* Annual Report for the year 1992

FIRST: The name of the corporation is Kathy's Place, Inc.

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THIRD: Character of business, briefly stated, is general beauty salon

FOURTH: If foreign corporation, address of its principal office N/A

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SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Katherine Concilio	Director	Pole 65 Fisher Rd., Cumberland, RI 02864
Thomas Concilio	Director	same
	Director	
Katherine Concilio	President	same
Thomas Concilio	Vice President	same
Katherine Concilio	Secretary	same
Katherine Concilio	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common	N/A	without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	N/A	without par value

**PAID**  
**FEB 18 1992**  
**SEC'Y OF STATE**

Dated 2.13.92 19 92

Kathy's Place, Inc.  
(Name of Corporation)

By Katherine M. Concilio

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0037525 Annual Report for the year 1991

FIRST: The name of the corporation is Kathy's Place, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Beauty Salon

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 999 Cass Avenue, Woonsocket, RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Katherine Concilio</u>	<u>Director</u>	<u>Pole 65 Fisher Rd., Cumberland, RI 02864</u>
<u>Thomas Concilio</u>	<u>Director</u>	<u>Same</u>
	<u>Director</u>	
<u>Katherine Concilio</u>	<u>President</u>	<u>Same</u>
<u>Thomas Concilio</u>	<u>Vice President</u>	<u>Same</u>
<u>Katherine Concilio</u>	<u>Secretary</u>	<u>Same</u>
<u>Katherine Concilio</u>	<u>Treasurer</u>	<u>Same</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>common</u>	<u>N/A</u>	<u>without par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>common</u>	<u>N/A</u>	<u>without par value</u>

PAID  
FEB 8 1991  
SECY OF STATE

Dated 2-5-91 19 91

Kathy's Place, Inc.  
(Name of Corporation)

By Katherine Concilio

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0037525 Annual Report for the year 1990

FIRST: The name of the corporation is Kathy's Place, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Beauty Salon.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 999 Cass Avenue, Woonsocket, RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Katherine Concilio	Director	Fisher Road, Cumberland, RI 02864
Thomas Concilio	Director	SAME
	Director	
Katherine Concilio	President	SAME <i>Katherine Concilio</i>
Thomas Concilio	Vice President	SAME
Katherine Concilio	Secretary	SAME <i>Katherine Concilio</i>
Katherine Concilio	Treasurer	SAME

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	N/A	Without Par Value

**PAID**  
**FEB 15 1991**  
**SECY OF STATE**

Dated January 25, 19 90

Kathy's Place, Inc.  
(Name of Corporation)

By *Katherine Concilio*

Title President

(Printed name of officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0037525 Annual Report for the year 1989

FIRST: The name of the corporation is Kathy's Place, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Beauty Salon

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 999 Cass Avenue, Woonsocket, RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Katherine Concilio</u>	<u>Director</u>	<u>Fisher Road, Cumberland, RI 02864</u>
<u>Thomas Concilio</u>	<u>Director</u>	<u>Same</u>
	<u>Director</u>	
<u>Katherine Concilio</u>	<u>President</u>	<u>Same</u>
<u>Thomas Concilio</u>	<u>Vice President</u>	<u>Same</u>
<u>Thomas Concilio</u>	<u>Secretary</u>	<u>Same</u>
<u>Katherine Concilio</u>	<u>Treasurer</u>	<u>Same</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>common</u>		<u>without par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>common</u>		<u>without par value</u>

PAID  
FEB 21 1989  
CLERK OF STATE

Dated February 17, 19 89

KATHY'S PLACE, INC.  
(Name of Corporation)

By Katherine Concilio

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 37825 Annual Report for the year 1988 ~~1988~~

FIRST: The name of the corporation is Kathy's Place, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Beauty Salon

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 999 Cass Avenue, Woonsocket, RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Katherine Concilio	Director	Fisher Road, Cumberland, RI 02864
Thomas Concilio	Director	SAME
	Director	
Katherine Concilio	President	Same
Thomas Concilio	Vice President	Same
Thomas Concilio	Secretary	Same
Katherine Concilio	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	PAID	Par Value or statement that shares are without par value
600	Common	MAR 17 1988	Without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		Without par value

Dated January 29, 19 88

KATHY'S PLACE, INC.

(Name of Corporation)

By Kathy Concilio

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 37525 Annual Report for the year 1987

FIRST: The name of the corporation is Kathy's Place, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Beauty Salon

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 999 Cass Avenue, Woonsocket, RI 02895

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Katherine Concilio</u>	<u>Director</u>	<u>Fisher Road, Cumberland, RI 02864</u>
<u>Thomas Concilio</u>	<u>Director</u>	<u>SAME</u>
	<u>Director</u>	
<u>Katherine Concilio</u>	<u>President</u>	<u>SAME</u>
<u>Thomas Concilio</u>	<u>Vice President</u>	<u>SAME</u>
<u>Thomas Concilio</u>	<u>Secretary</u>	<u>SAME</u>
<u>Katherine Concilio</u>	<u>Treasurer</u>	<u>SAME</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>Common</u>		<u>Without par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>Common</u>		<u>Without par value</u>

PAID  
MAR 2 1987  
SECY OF STATE

Without par value  
*[Signature]*  
MAY 26 1987

Dated February 19 87 KATHY'S PLACE, INC.  
(Name of Corporation)

By Katherine Concilio

Title President

(Report must be signed by an officer)