



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 98526		2. Name of Corporation natural elements, inc.			
3. Street Address Principal Business Office 253 MAIN STREET			City WAKEFIELD	State RI	Zip 02879
4. Business Phone No 788-0780		5. State of Incorporation RHODE ISLAND			6. SIC Code 8110

7. Brief Description of the Character of Business Conducted in Rhode Island
 ALL PHASES OF HAIR CARE AND SKIN CARE.

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

President Name SUZANNE PERRONE			Vice President Name		
Street Address 98 EAST AVENUE			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name			Treasurer Name SUZANNE PERRONE		
Street Address			Street Address 98 EAST AVENUE		
City	State	Zip	City WESTERLY	State RI	Zip 02891

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

Director Name SUZANNE PERRONE			Director Name		
Street Address 98 EAST AVENUE			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Number of Shares	Class/Series	Par Value
500	\$1.00 PAR VALUE	

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

Number of Shares	Class/Series	Par Value
100	COMMON	1.00

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



FILED

File Date: FEB 28 2005
 Check No.: By M59246
 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: 2/23/05
 Print or Type Name of Officer: SUZANNE PERRONE
 Title of Officer: PRESIDENT



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

Corporations Divlsto.
100 North Main Street
Providence, RI 02903-133
401.222.304

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. 98526	2. Name of Corporation natural elements, inc.
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3. Street Address Principal Business Office 253 MAIN STREET	City WAKEFIELD	State RI	Zip 02879
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4. Business Phone No. 788-0780	5. State of Incorporation RHODE ISLAND	6. SIC Code 8110
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7. Brief Description of the Character of Business Conducted in Rhode Island
ALL PHASES OF HAIR CARE AND SKIN CARE.

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

President Name SUZANNE PERRONE	Vice President Name
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Street Address 98 EAST AVENUE	Street Address
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City WESTERLY	State RI	Zip 02891	City	State	Zip
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Secretary Name	Treasurer Name SUZANNE PERRONE
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Street Address	Street Address 98 EAST AVENUE
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City	State	Zip	City WESTERLY	State RI	Zip 02891
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9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name SUZANNE PERRONE	Director Name
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Street Address 98 EAST AVENUE	Street Address
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City WESTERLY	State RI	Zip 02891	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
500		\$1.00 PAR VALUE

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

Number of Shares	Class/Series	Par Value
100	COMMON	1.00

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



* 9 8 5 2 6 *

File Date 5/17/04
Check No. 226
By: U
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.

Suzanne Perrone President 3/1/04
Signature of Officer Date

SUZANNE PERRONE
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 02903-1331
401-222-3041



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. **98526** 2. Name of Corporation **natural elements, inc.**
3. Street Address Principal Business Office **253 MAIN STREET** City **WAKEFIELD** State **RI** Zip **02879**
4. Business Phone No. **788-0780** 5. State of Incorporation **RHODE ISLAND** 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 SUZANNE PERRONE	Vice President Name
Street Address 23 WEST BEACH STREET	Street Address
City WESTERLY State RI Zip 02891	City State Zip
Secretary Name	Treasurer Name SUZANNE PERRONE
Street Address	Street Address 23 WEST BEACH STREET
City State Zip	City WESTERLY State RI Zip 02891

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

Director Name SUZANNE PERRONE	Director Name
Street Address 23 WEST BEACH STREET	Street Address
City WESTERLY State RI Zip 02891	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	Class/Series	Par Value
500	\$1.00	PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
100	COMMON	1.00

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



* 9 8 5 2 6 *

File Date: 3-13-03

Check No.: 2248

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] 3/06/02
Signature of Officer Date

SUZANNE PERRONE
Print or Type Name of Officer

PRESIDENT
Title of Officer



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. **98526** 2. Name of Corporation **natural elements, inc.**
3. Street Address Principal Business Office **253 MAIN STREET** City **WAKEFIELD** State **RI** Zip **02879**
4. Business Phone No. **788-0780** 5. State of Incorporation **RHODE ISLAND** 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 **SUZANNE PERRONE** Vice President Name
Street Address **23 WEST BEACH STREET** Street Address
City **WESTERLY** State **RI** Zip **02891** City State Zip
Secretary Name **SUZANNE PERRONE** Treasurer Name
Street Address **23 WEST BEACH STREET** Street Address
City **WESTERLY** State **RI** Zip **02891** City State Zip

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

Director Name **SUZANNE PERRONE** Director Name
Street Address **23 WEST, BEACH STREET** Street Address
City **WESTERLY** State **RI** Zip **02891** 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
500 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common 1.00

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



* 9 8 5 2 6 *

File Date: 1-22-02

Check No.: 1284

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] 1/19/02
Signature of Officer Date

SUZANNE PERRONE
Print or Type Name of Officer

PRESIDENT
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. 98526 2. Name of Corporation natural elements, inc.

3. Street Address Principal Business Office 253 MAIN STREET City WAKEFIELD State RI Zip 02879

4. Business Phone No. 788-0780 5. State of Incorporation RHODE ISLAND 6. SIC Code 8990

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 SUZANNE PERRONE
Street Address 23 WEST BEACH STREET
City WESTERLY State RI Zip 02891

Vice President Name
Street Address
City State Zip
Treasurer Name SUZANNE PERRONE
Street Address 23 WEST BEACH STREET
City WESTERLY State RI Zip 02891

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

Director Name SUZANNE PERRONE
Street Address 23 WEST BEACH STREET
City WESTERLY State RI Zip 02891

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
500 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMMON 1.00

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



* 9 8 5 2 6 *

File Date: 2/27

Check No.: 989

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] 2/24/01
Signature of Officer Date

SUZANNE PERRONE
Print or Type Name of Officer

PRESIDENT



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. **98526** 2. Name of Corporation **natural elements, inc.**
3. Street Address Principal Business Office **253 MAIN STREET**
4. Business Phone No. **401 788-0780** 5. State of Incorporation **RHODE ISLAND**

City **WAKEFIELD** State **RI** Zip **02879**
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 **SUZANNE PERRONE**
Street Address **23 WEST BEACH STREET**
City **WESTERLY** State **RI** Zip **02891**

Vice President Name
Street Address
City State Zip

Secretary Name
Street Address
City State Zip

Treasurer Name **SUZANNE PERRONE**
Street Address **23 WEST BEACH STREET**
City **WESTERLY** State **RI** Zip **02891**

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

Director Name **SUZANNE PERRONE**
Street Address **23 WEST BEACH STREET**
City **WESTERLY** State **RI** Zip **02891**

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
500 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
106 COMMON 1.00

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



File Date: 1-13-00

Check No.: 655

By: AMF

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.

Suzanne Perrone 1-11-00
Signature of Officer Date

SUZANNE PERRONE
Print or Type Name of Officer
PRESIDENT



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. **98526** 2. Name of Corporation **natural elements, Inc.**

3. Street Address Principal Business Office **253 MAIN STREET** City **WAKEFIELD** State **RI** Zip **02879**

4. Business Phone No. **401-788-0780** 5. State of Incorporation **RHODE ISLAND** 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

<p>President Name SUZANNE PERRONE</p> <p>Street Address 23 WEST BEACH STREET</p> <p>City WESTERLY State RI Zip 02891</p> <p>Secretary Name</p> <p>Street Address</p> <p>City State Zip</p>	<p>Vice President Name</p> <p>Street Address</p> <p>City State Zip</p> <p>Treasurer Name SUZANNE PERRONE</p> <p>Street Address 23 WEST BEACH STREET</p> <p>City WESTERLY State RI Zip 02891</p>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p>Director Name SUZANNE PERRONE</p> <p>Street Address 23 WEST BEACH STREET</p> <p>City WESTERLY State RI Zip 02891</p> <p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>	<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p> <p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
500		\$1.00 PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
100	COMMON	1.00

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



* 9 8 5 2 6 *

File Date: Feb 9, 99

Check No.: 390

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] 1/25/99
Signature of Officer Date

SUZANNE PERRONE
Print or Type Name of Officer

PRESIDENT