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

Corporations Divisi
100 North Main Stre
Providence, RI 02903-133
401.222.304

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			
129732	Hair Heart & Soul, Inc.			
3. Street Address Principal Business Office		City	State	Zip
55 State Street		Bristol	RI	02809
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-253-5200	RHODE ISLAND			
7. Brief Description of the Character of Business Conducted in Rhode Island				
BEAUTY SALON, HAIR, NAILS, ETC.				

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

President Name	Sarah M. Redman	*Vice President Name*	Michael S. Redman
Street Address	22 Pinehurst Road	*Street Address*	[illegible]
Secretary Name	Michael S. Redman	*Treasurer Name*	Sarah M. Redman
Street Address	SSA	*Street Address*	SSA
City / State / Zip		*City / State / Zip*	

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

Director Name	Sarah M. Redman	*Director Name*	
Street Address	22 Pinehurst Road	*Street Address*	
City / State / Zip	Riverside / RI / 02915	*City / State / Zip*	
Director Name	Michael S. Redman	*Director Name*	
Street Address	SSA	*Street Address*	
City / State / Zip		*City / State / Zip*	

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 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

[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 herein are true and correct.

Sarah M. Redman 1/15/05
Signature of Officer *Date*

Sarah M. Redman
Print or Type Name of Officer

[redacted] President
Title of Officer

File Date	1-20-05
Check No.	1769
By:	[illegible]

FOR SECRETARY OF STATE USE ONLY

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		
129732	Hair Heart & Soul, Inc.		
3. Street Address Principal Business Office	City	State	Zip
55 State Street	Bristol	RI	02809
4. Business Phone No.	5. State of Incorporation		6. SIC Code
401-253-5200	RHODE ISLAND		

7. Brief Description of the Character of Business Conducted in Rhode Island
BEAUTY SALON, HAIR, NAILS, ETC.

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

President Name	Vice President Name
Sarah M. Redman	Michael S. Redman
Street Address: 22 Pinehurst Road	Street Address: 22 Pinehurst Road
City: Riverside, State: RI, Zip: 02915	City: Riverside, State: RI, Zip: 02915
Secretary Name: Michael S. Redman	Treasurer Name: Sarah M. Redman
Street Address: SAA	Street Address: SAA
City, State, Zip	City, State, Zip

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

Director Name	Director Name
Sarah M. Redman	
Street Address: 22 Pinehurst Road	Street Address
City: Riverside, State: RI, Zip: 02915	City, State, Zip
Director Name: Michael S. Redman	Director Name
Street Address: 22 Pinehurst Road	Street Address
City: Riverside, State: RI, Zip: 02915	City, State, Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 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

[redacted]

*129732

File Date 1-30-04

Check No. 1391

By:

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.

Signature of Officer *Date*

Sarah M. Redman
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev. 12/03