



**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. 38535		2. Name of Corporation ROBERT ANTHONY, INC.			
3. Street Address Principal Business Office 140 FT JUDITH ROAD			City NARRAGANSETT	State RI	Zip 02882
4. Business Phone No. 401-783-6880		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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARION AVARISTA			Vice President Name		
Street Address 140 FT JUDITH ROAD			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name MARION AVARISTA			Treasurer Name MARION AVARISTA		
Street Address SAME			Street Address SAME		
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			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) <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
200 NO PAR VALUE			10		

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



FILED

OCT 28 2005

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: 05 OCT 28 PM 1:32  
Check No. AIO SNGIEW 4800  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: Marion F. Avarista  
Date: \_\_\_\_\_  
Print or Type Name of Officer: MARION F. AVARISTA  
Title of Officer: PRESIDENT



**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. <b>38535</b>		2. Name of Corporation <b>ROBERT ANTHONY, INC.</b>			
3. Street Address Principal Business Office <b>140 POINT JUDITH ROAD</b>			City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>
4. Business Phone No. <b>783-6880</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>HAIR 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>MARION F. AVARISTA</b>			Vice President Name <b>NONE</b>		
Street Address <b>140 POINT JUDITH RD</b>			Street Address		
City <b>NARR.</b>	State <b>R.I.</b>	Zip <b>02882</b>	City	State	Zip
Secretary Name <b>SAME AS PRES.</b>			Treasurer Name <b>SAME AS PRES.</b>		
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 <b>NONE</b>			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) <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>200</b>	<b>NO PAR VALUE</b>		<b>10</b>		

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



\* 3 8 5 3 5 \*

File No. 10-13-04

Check No. 4769

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.

Marion F. Avarista 10/1/04

Signature of Officer Date

MARION F. AVARISTA

Print or Type Name of Officer

PRES.

Title of Officer



**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. **38535** 2. Name of Corporation **ROBERT ANTHONY, INC.**  
3. Street Address Principal Business Office **140 Point Judith Road** City **Narragansett** State **RI** Zip **02882**  
4. Business Phone No. **401-783-6880** 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 <b>Marion F. Avarista</b>	Vice President Name
Street Address <b>41 Wedge Street</b>	Street Address
City State Zip <b>Cranston RI 02920</b>	City State Zip
Secretary Name <b>Marion F. Avarista</b>	Treasurer Name <b>Marion F. Avarista</b>
Street Address <b>41 Wedge Street</b>	Street Address <b>41 Wedge Street</b>
City State Zip <b>Cranston RI 02920</b>	City State Zip <b>Cranston RI 02920</b>

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

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  
**200 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**10 -0-**

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



\* 3 8 5 3 5 \*

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: 3-5-03  
02502  
Check No.:  
By: [Signature]

Marion F. Avarista 3/2/03  
Signature of Officer Date  
Print or Type Name 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. **38535** 2. Name of Corporation **ROBERT ANTHONY, INC.**  
3. Street Address Principal Business Office **140 Point Judith Road** City **Narragansett** State **RI** Zip **02882**  
4. Business Phone No. **401-783-6880** 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 <b>Marion F. Avarista</b>	Vice President Name
Street Address <b>41 Wedge Street</b>	Street Address
City State Zip <b>Cranston RI 02920</b>	City State Zip
Secretary Name <b>Marion F. Avarista</b>	Treasurer Name <b>Marion F. Avarista</b>
Street Address <b>41 Wedge Street</b>	Street Address <b>41 Wedge Street</b>
City State Zip <b>Cranston RI 02920</b>	City State Zip <b>Cranston RI 02920</b>

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

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	Class/Series	Par Value
<b>200 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>10</b>		

-0-

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



\* 3 8 5 3 5 \*

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: 9-10-02  
Check No.: 4019  
By: [Signature]

Signature of Officer: Marion F. Avarista Date: 9/4/02  
Print or Type Name of Officer: MARION F. AVARISTA  
Title of Officer: PRES.



**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. **38535** 2. Name of Corporation **ROBERT ANTHONY, INC.**  
3. Street Address Principal Business Office City State Zip  
**140 Point Judith Road** Narragansett RI **02882**  
4. Business Phone No. 401-783-6880 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 <b>Marion F. Avarista</b>	Vice President Name
Street Address <b>41 Wedge Street</b>	Street Address
City State Zip <b>Cranston RI 02920</b>	City State Zip
Secretary Name	Treasurer Name <b>Marion F. Avarista</b>
Street Address	Street Address <b>41 Wedge Street</b>
City State Zip	City State Zip <b>Cranston RI 02920</b>

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

Director Name <b>None</b>	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

**200 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value

**10**

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



\* 3 8 5 3 5 \*

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: 1/6/2001  
Check No.: 8483  
By: [Signature]

Signature of Officer: Marion F. Avarista Date: 10/11/01  
Print or Type Name of Officer: MARION F. AVARISTA  
Title 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. **38535** 2. Name of Corporation **ROBERT ANTHONY, INC.**

3. Street Address Principal Business Office **140 Point Judith Road** City **Narragansett** State **RI** Zip **02882**  
4. Business Phone No. **401-783-6880** 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 <b>Marion F. Avarista</b>	Vice President Name <b>Marion F. Avarista</b>
Street Address <b>140 Point Judith Road</b>	Street Address <b>140 Point Judith Road</b>
City State Zip <b>Narragansett RI 02882</b>	City State Zip <b>Narragansett RI 02882</b>
Secretary Name <b>Marion F. Avarista</b>	Treasurer Name <b>Marion F. Avarista</b>
Street Address <b>Same As Above</b>	Street Address <b>Same As Above</b>
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 <b>Marion F. Avarista</b>	Director Name
Street Address <b>Same As Above</b>	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	Class/Series	Par Value
<b>200 NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>10</b>		

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



\* 3 8 5 3 5 \*

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: **PAID** **SEP 19 2000**  
Check No.: \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: **Marion F. Avarista** Date: **9-15-00**  
Print or Type Name of Officer: **MARION F. AVARISTA**  
Title of Officer: **PRES.**



**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. <b>38535</b>		2. Name of Corporation <b>ROBERT ANTHONY, INC.</b>			
3. Street Address Principal Business Office <b>140 Point Judith Road</b>			City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
4. Business Phone No. <b>401-783-6880</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>Hair 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>Marion F. Avarista</b>			Vice President Name		
Street Address <b>41 Wedge Street</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Marion F. Avarista</b>		
Street Address			Street Address <b>41 Wedge Street</b>		
City	State	Zip	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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) <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>200 NO PAR VAL</b>			<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



\* 3 8 5 3 5 \*

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: Feb 22 1999

Check No.: 30739

By: [Signature]

Marion F. Avarista 1/27/99  
Signature of Officer Date

Marion F. Avarista  
Print or Type Name of Officer

President  
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. **38535** 2. Name of Corporation **ROBERT ANTHONY, INC.**  
3. Street Address Principal Business Office **140 Point Judith Road** City **Narragansett** State **RI** Zip **02882**  
4. Business Phone No. **401-783-6880** 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)

President Name <b>Marion F. Avarista</b>	Vice President Name
Street Address <b>41 Wedge Street</b>	Street Address
City <b>Cranston,</b> State <b>RI</b> Zip <b>02920</b>	City State Zip
Secretary Name	Treasurer Name <b>Marion F. Avarista</b>
Street Address	Street Address <b>41 Wedge Street</b>
City State Zip	City State Zip <b>Cranston RI 02920</b>

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

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value

**200 NO-PAR-VAL** **100** **No-Par**

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



\* 3 8 5 3 5 \*

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: 4/29/98

Marion F. Avarista 4/13/98  
Signature of Officer Date

Check No.: 2141

Marion F. Avarista  
Print or Type Name of Officer

By: XAO

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. **38535** 2. Name of Corporation **ROBERT ANTHONY, INC.**  
3. Street Address Principal Business Office **140 Point Judith Road** City **Narragansett** State **RI** Zip **02882**  
4. Business Phone No. **401-783-6880** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Full Service Hair/Nail Salon**

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

President Name <b>Marion F. Avarista</b>			Vice President Name		
Street Address <b>41 Wedge Street</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Same As President</b>		
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
<b>200 NO PAR VAL</b>			<b>10</b>		<b>0</b>

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



File Date: 8 25 97  
Check No.: 11484  
By: MP  
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.

Marion F. Avarista  
Signature of Officer Date  
**MARION F. AVARISTA**  
Print or Type Name of Officer  
**PRESIDENT**  
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. 38535		2. NAME OF CORPORATION ROBERT ANTHONY, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 140 POINT JUDITH ROAD			CITY NARRAGANSETT	STATE RI	ZIP CODE 02882
4. BUSINESS PHONE NO. 401-783-6880		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 8110

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
FULL SERVICE HAIR/NAIL SALON

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME MARION AVARISTA			VICE PRESIDENT NAME		
STREET ADDRESS 41 WEDGE ST			STREET ADDRESS		
CITY CRANSTON	STATE RI	ZIP CODE 02920	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			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	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
200	NO PAR VAL		10		

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: 1/30/96  
Check No: 9096  
By: CP

Signature of Officer: *Marion F. Avarista*  
Print or Type Name of Officer: MARION F. AVARISTA  
Title of Officer: PRES  
Date: 1/16/96

For Secretary of State Use Only

FORM 331 (1995)

PLEASE TYPE or PRINT

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

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

Filing Fee \$50.00  
Payable to:  
Secretary of State

0038535

~~1994~~ 1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_  
ROBERT ANTHONY, INC.

Name of Business Entity: \_\_\_\_\_

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: ~~XXXXXXXXXX~~

For foreign entity, address and telephone number of principal office:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

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

140 POINT JUDITH RD.  
NARR. RI 02882

Phone: (401) 783-6870

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:

ROBERT ANTHONY  
SAME

Brief statement of the character of business conducted in Rhode Island:

Hair Salon

Date of Organization: MAY 1992

Date of Qualification to do business in Rhode Island (if foreign entity):  
same

THE NAMES OF THE OFFICERS ARE:

OFFICER TYPE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>MARION F. ANTONY</u>	<u>41 WEDGE ST CRANSTON RI</u>	<u>02920</u>	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)				
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)				
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)				

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 200

CLASS

SERIES

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

**PAID**  
**1108730**  
**OCT 23 1995**

PAR VALUE OR WITHOUT PAR no par

PAR VALUE OR WITHOUT PAR SECY OF STATE

Date 10/15/95 19\_\_\_\_

By: Marion F. Antony

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

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

Corporate ID: 00 38535 Annual Report for the year: ~~1993~~ 1994

Name of Business Entity: ROBERT ANTHONY 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:

\_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

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

140 POINT JUDITH ROAD

WARREN, RI 02882

Phone: (401) 783-6070

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:

ROBERT AVARISTA

Same

Brief statement of the character of business conducted in Rhode Island:

HARD SAWN

Date of Organization: MAY 2 1986

Date of Qualification to do business in Rhode Island (if foreign entity):

Same

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
<u>MARION F. AVARISTA</u>	<u>41 WEDGE ST</u>	<u>CRAWFORD RI</u>	<u>02920</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)			
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>200</u>	NUMBER
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>no par</u>	PAR VALUE OR WITHOUT PAR

Date 4/5 19 95

By: Marion F. Avarista

MARION F. AVARISTA

Filing Fee \$50.00

9839B

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 0038535

Annual Report for the year 1993

FIRST: The name of the corporation is ROBERT ANTHONY INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is HAIR SALON

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 140 PT. JUDITH ROAD

NARRAGANSETT RI 02882

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
<u>MARION F. AVARISTA</u>	President	<u>140 PT JUDITH RD. NARR RI</u>
.....	Vice President	.....
.....	Secretary	.....
<u>MARION F. AVARISTA</u>	Treasurer	<u>" "</u>

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated 12/12 19 93

ROBERT ANTHONY INC.  
(Name of Corporation)

By Marion F Avarista

Title Pres.

(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 38535 Annual Report for the year 1992

FIRST: The name of the corporation is ROBERT ANTHONY INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is HAIR SALON

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 140 Point Judith Road  
NARR RI 02882

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

Name	Office	Address (including number, street, zip code)
<u>MARION AVARISTA</u>	<u>Director</u>	<u>41 Wedge St Cranston RI 02920</u>
	<u>Director</u>	
	<u>Director</u>	
<u>MARION AVARISTA</u>	<u>President</u>	<u>Same</u>
	<u>Vice President</u>	
<u>MARION AVARISTA</u>	<u>Secretary</u>	<u>Same</u>
<u>" "</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>200</u>			<u>No Par Value</u>

PAID  
DEC 30 1992  
SECY OF STATE  
10/21/92  
92313

EIGHTH: Number of Shares issued:

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

Dated 12/3/92 19

Robert Anthony Inc  
(Name of Corporation)

By Marion J Avarista

Title Pres.

(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 38535 Annual Report for the year 1991

FIRST: The name of the corporation is ROBERT ANTHONY INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is HAIR SALON

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 140 Point Judith Road  
NARR RI 02882

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

Name	Office	Address (including number, street, zip code)
<u>MARION AVARISTA</u>	<u>Director</u>	<u>41 Wedge St Cranston RI 02920</u>
	<u>Director</u>	
	<u>Director</u>	
<u>MARION AVARISTA</u>	<u>President</u>	<u>Same</u>
	<u>Vice President</u>	
<u>MARION AVARISTA</u>	<u>Secretary</u>	<u>Same</u>
<u>" "</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>200</u>			<u>No Par Value</u>

EIGHTH: Number of Shares issued:

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

PAID  
DEC 30 1992

119-130  
119-02313

Dated 12/7/92 19

Robert Anthony Inc.  
(Name of Corporation)  
By Marion F Avarista  
Title Pres.

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0038535 Annual Report for the year 1990

FIRST: The name of the corporation is ROBERT ANTHONY, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is HAIR SALON

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 27 TOWER HILL ROAD WAKEFIELD

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

Name	Office	Address (including number, street, zip code)
<u>MARION F. AVARISTA</u>	<u>Director</u>	<u>41 wedge st Cranston RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>MARION F. AVARISTA</u>	<u>President</u>	<u>41 wedge st. Cranston RI</u>
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>Common</u>		<u>NO PAR VALUE</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>50</u>	<u>Common</u>		<u>NO PAR VALUE</u>

PAID  
 OCT 23 1990  
 OCT 23 1990  
 SEC'Y OF STATE

Dated 10/22 19 90

Robert Anthony Inc.  
(Name of Corporation)

By Marion F Avarista

Title President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

DJ

Corporate ID 0038535 Annual Report for the year 1989

FIRST: The name of the corporation is ROBERT ANTHONY, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is HAIR SALON

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 27 TOWER HILL ROAD  
WAKEFIELD RI 02877

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

Name	Office	Address (including number, street, zip code)
<u>MARION F. AVARISTA</u>	<u>Director</u>	<u>41 WEDGE ST CRANSTON RI 02920</u>
	<u>Director</u>	
	<u>Director</u>	
<u>MARION F. AVARISTA</u>	<u>President</u>	<u>41 WEDGE ST CRANSTON RI 02920</u>
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>		<u>PAIL</u>	<u>NO PAR VALUE</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>50</u>			<u>NO PAR VALUE</u>

Dated FEBRUARY 10, 1989 19

Marion F. Avarista Robert Anthony INC.  
(Name of Corporation)

By Marion F. Avarista

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 38535 Annual Report for the year 1988

FIRST: The name of the corporation is ROBERT ANTHONY, INC. 38535

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is HAIR SALON

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 27 TOWER HILL ROAD  
WAKEFIELD RI 02877

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

Name	Office	Address (including number, street, zip code)
MARION AVARISTA	Director	41 WEDGE ST CRANSTON RI 02920
	Director	
	Director	
MARION AVARISTA	President	41 WEDGE ST CRANSTON RI 02920
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
50			NO PAR VALUE

Dated September 12 19 88

Robert Anthony, Inc.  
(Name of Corporation)

By Marion F. Avarista

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 38535 Annual Report for the year 1987

FIRST: The name of the corporation is ROBERT ANTHONY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is HAIR SALON

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 27 TOWER HILL ROAD  
WAKEFIELD RI 02879

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

Name	Office	Address (including number, street, zip code)
<u>MARION AVARISTA</u>	<u>Director</u>	<u>41 WEDGE ST CRANSTON RI 02920</u>
	<u>Director</u>	
	<u>Director</u>	
<u>MARION AVARISTA</u>	<u>President</u>	<u>41 WEDGE ST CRANSTON RI 02920</u>
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>50</u>			<u>NO PAR VALUE</u>

07/28/87 PAID

JUL 27 1987

Dated MARCH 31 1987

ROBERT ANTHONY, INC.  
(Name of Corporation)

By Marion F. Avarista

Title President

(Report must be signed by an officer)

AMOUNT  
CHECK  
0852A001  
15.00