

# 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

Form 630 Rev. 12/03

2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_

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 96839 John Anthony Inc. 3. Street Address Principal Business Office State 2535 HARTFORD 5. State of Incorporation RHODE ISLAND 8110 7. Brief Description of the Character of Business Conducted in Rhode Island OWNER OF BEAUTY SALON INCIDENTALS. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name State State Zip Clly State 21p 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address City State Director Name Street Address 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 100 NO PAR VALUE 100 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under pegalty of perjury, I deplate and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements herein are true phd correct. File Date Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY Title of Office



# 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 CORPOR Filing Period: January 1 - Mo FORM MUST BE TYPED OR PRIN	arch 1 • Filing	UAL REPORT Fee: \$50.00	FOR THE YEAR	2004	
Corporate ID No.	2. Name of Corporation		<del></del>		
96839	John Anthony In	c.			
Street Address Principal Business O	<del></del>	·	City	State	Ζφ
2535 HAR	TFORD AUE	•	JOHNSTON	RF	01919
Business Phone No.		5. State of Incorporation	1 30M-310H	1187	6 SIC Code
944-1110		DHODE ISLAND			
7 Bnef Description of the Character of Business Conducted in Rhode Island OWNER OF BEAUTY SALON INCIDENTALS.					8110
B. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT)   FILL IN SPACE	CES BEFORE USING AT	TACHMENTS
JOHN A TRICA	RICU		SAME		
Street Address			Street Address		
2535 HARTFO	RI) AUF		•		
JOHNSTON	State RI	<sup>2φ</sup> 02919	City	State	Ζφ
Secretary Name			Treasurer Name		
SAME			SAME		
troet Address			Sircei Address		
City	State	Zip	City	State	Ζιρ
Director Name	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) [] FILL IN SPA	ACES BEFORE USING A	ATTACHMENTS
treet Address			Street Address		
luy	State	Ζφ	City	State	Ζφ
Director Name			Director Name	•	
urcei Address			Street Address		
ūίλ	State	Zφ	City	State	Ζφ
O. SHARES AUTHORIZED (	"X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Senes	Par Value

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

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File Date	2.3-04
Check No.	999
Ву:	gi
	FOR SECRETARY OF STATE USE ONLY

100 NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have	e examined this report.
Under penalty of perjury, I declare and affirm that I have neluding any accompanying scheduler and statements, contained herein are true and correct.	and that all statements
Jaly Colina.	- 1/31/04
ignature of Officer	/Date '
July A TRICANICO	,
Print or Type Name of Officer	·
Spreside.	
Title of Officer	

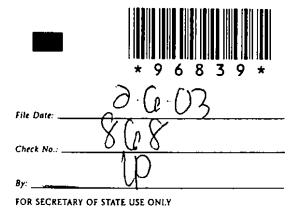
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Edward S. Inman, 117, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### 2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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 96839 John Anthony Inc. 3. Street Address Principal Business Office City State Zip 02919 2535 HARTFORD AVENUE JOHNSTON RI 6. SIC Code 4. Business Phone No. 5. State of Incorporation (401) 934-2639 8110 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island BEAUTY SALON 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** President Name Vice President Name JOHN A. TRICARICO JOHN A. TRICARICO Street Address Street Address 2535 HARTFORD AVENUE 2535 HARTFORD AVENUE City City Zip **JOHNSTON** 02919 RIJOHNSTON RI 02919 Secretary Name Treasurer Name JOHN A. TRICARICO JOHN A. TRICARICO Street Address Street Address 2535 HARTFORD AVENUE 2535 HARTFORD AVENUE City City State 210 State 02919 **JOHNSTON** RI 02919 JOHNSTON RI9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name JOHN A. TRICARICO Street Address Street Address 2535 HARTFORD AVENUE Clhy State City State Zip **JOHNSTON** 0291.9 RI Director Name Director Name Street Address Street Address City State City State Zip 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 100 NO PAR VALUE 100 NO PAR COMMON

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.

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Title of Officer Form 630 12/02

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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PROFIT COR Filing Period: Janua	RPORATION ary 1-March 1 •	ANNUAL REP	ORT FOR TH	E YEAR	<u> </u>
FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Corpor	ation	•		~
96839	John Antho	ony Inc.			
3. Street Address Principal Busi	ness Office	•	City	State	Zip
2535 HARTFORD  1. Business Phone No.	AVENUE	5. State of Incorporation	JOHNSTON	RI	02919 6. SIC Code
(401) 934–26.  7. Brief Description of the Char.  BEAUTY SHOP		RHODE ISLAND in Rhode Island			8110
	RESSES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
JOHN A. TRICAL	RICO		JOHN A. TRICAL	RICO	
2535 HARTFORD	AVENUE		2535 HARTFORD	AVENUE	
City	State	Zip	City	State	Zip
JOHNSTON  jecretary Name	RI	02919	JOHNSTON Treasurer Name	RI	02919
JOHN A. TRICAL			JOHN A. TRICAL	राळ	
2535 HARTFORD	AVENUE		2535 HARTFORD	AVENUE	
llty	State	ZIp	City	State	Zip
	RI ESSES OF THE DIR	02919 ECTORS ("X" BOX FOR ATTAC	JOHNSTON CHMENT) FILL IN SPAC	RI ES BEFORE USING ATT	02919 ACHMENTS
Orector Name			Director Name		
JOHN A. TRICAI	SIOO.		Street Address		
2535 HARTFORD	AVENUE				
lity	State	Zip	City	State	Zip
JOHNSTON irector Name	RI	02919	Director Name		
tieet Address			Street Address		
îty	State	Zip	City	State	Zip
O. SHARES AUTHORIZ	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (	*X* BOX FOR ATTACHMENT	7)
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all stylements contained herein are true and correct. Print or Type Name of Officer Title of Officer

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NO PAR

Ferm 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

State

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

City

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

(FORM MUST BE TYPED IN BLACK)

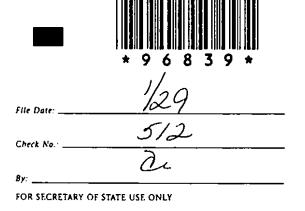
3. Street Address Principal Rusiness Office

i.	Corporate	96839

2. Name of Corporation
John Anthony Inc.

2535 HARTFORD  1. Business Phone No.	AVENUE		JOHNSTON	RI	02919
(401) 934-2639 7. Brief Description of the Character BEAUTY SHOP		5. State of Incosporatie RHODE ISLA n Rhode Island	ÑD		<sup>6.</sup> <b>89 9</b> 6
8. NAMES AND ADDRESS President Name	SES OF THE OFFI	CERS (*X" BOX FOR ATT	ACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
JOHN A. TRICAI			JOHN A. TRICE Street Address		
2535 HARTFORD	AVENUE		2535 HARTFORI	AVENUE	
City	State	Zip	City	State	Zip
JOHNSTON Secretary Name	RI	02919	JOHNSTON Treasurer Name	RI	., 02919
JOHN A. TRICAL			JOHN A. TRICA Street Address	ARICO	
2535 HARTFORD	AVENUE		2535 HARTFORD	AVENUE	
City	State	7.ip	City	State	Zip
JOHNSTON  9. NAMES AND ADDRES! Director Name	RI SES OF THE DIRI	02919 ECTORS (*x* BOX FOR A	JOHNSTON TTACHMENT) FILL IN SPAC Director Name	RI ES BEFORE USING ATTA	02919 ACHMENTS
JOHN A. TRICAI	RICO		Street Address		
2535 HARTFORD	AVENUE State	Zip	City	State	Zip
JOHNSTON Director Name	RI	02919	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMENT	7)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
100 NO 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



Under penalty of perjury, I declare and affirm that I have examined this raport, including any accompanying schedules and statements, and sed herein are true and correct.

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

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ACHM	zip 02919 ENTS
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r)	Zip
	Par Value

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			ANNUAL REP Filing Fee: \$50.00	OKI FOK IH	E YEAR 2000	
FORM M	UST BE TYPED IN BLA	CK)				
Corpora	te ID No.	2. Name of Corporat				
	96839	John Antho	ony Inc.			
. Street A	ddress Principal Business	Office		City	State	Zip
. Busines	2535 HARTFO	RD AVENUE	5. State of Incorporation	JOHNSTON	RI	02919 6. SIC Code
Brief De	(401) 934-2 escription of the Character		RHODE ISLAND  Rhode Island			8110
. NAM	BEAUTY SHOP	SES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES	BEFORE USING ATTAC	CHMENTS
resident	Name			Vice President Name		
treet Add	JOHN A. TRIC	CARICO		JOHN A. TRICA	RICO	
lity	2535 HARTFO	RD AVENUE State	Zip	2535 HARTFORD	AVENUE State	Zip
ecretary i	JOHNSTON	RI	02919	JOHNSTON Treasurer Name	RI	02919
treet Add	JOHN A. TRI	CARICO		JOHN A. TRICA	RICO .	
	2535 HARTFO	RD AVENUE		2535 HARTFORD	AVENUE	
ity		State	2.ip	City	State	Zip
. NAM		RI SES OF THE DIRE	02919 CTORS (*X* BOX FOR ATTAC	JOHNSTON CHMENT) FILL IN SPAC Director Name	RI ES BEFORE USING ATT	02919 ACHMENTS
treet Add	JOHN A. TRIC	CARICO		Street Address		
	2535 HARTFO	RD AVENUE				
lty		State	Zip	City	State	ZIp
lrector N	JOHNSTON iame	RI	02919	Director Name	·	
lreet Add	itess			Street Address		
lity		State	Zip	City	State	Zip
	ARES AUTHORIZE	D ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	τ)
umber o	f Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date:	* 9 6 8 3 9 * 2/+/00
Check No.:	310
Ву:	Ci
FOR SECRETAR	RY 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 slatements contained herein are true and correct.

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James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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(FORM MUST BE TYPED IN BL 1. Corporate ID No.	AGRI 2. Name of Corpora	tion	•	-	`
96839	JOHN ANTH				
3. Street Address Principal Busines 2535 HARTFORD	ss Office	·	City JOHNSTON	State RI	zip 02919
4. Business Phone No.		5. State of Incorporation	п		6. SIC Code
(401) 934-2639		RHODE ISLANI	)		8110
7. Brief Description of the Charact BEAUTY SHOP	ter of Business Conducted i	n Rhode Island			
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR ATTA	ACHMENT)		
President Name	=		Vice President Name		
JOHN A. TRICAR	ICO		JOHN A. TRIC	ARICO	
Street Address			Street Address		
2535 HARTFORD	AVE.		2535 HARTFORI	D AVE.	
City	State	Zip	•	State	Zip
JOHNSTON	RI	02919	JOHNSON	RI	02919
Secretary Name			Treasurer Name	• •	
JOHN A. TRICAR	$1\infty$		JOHN A. TRIC	ARICO	
Street Address			Street Address		
2535 HARTFORD	AVE.		2535 HARTFORI	D AVE.	
City	State	Zip	City	State	Zip
JOHNSTON,	RI	02919	JOHNSTON	RI	02919
9. NAMES AND ADDRE	SSES OF THE DIR		TTACHMENT)		
Director Name			Director Name		
JOHN A. TRICAR	$1\infty$				
Street Address			Street Address		
2535 HARTFORD	AVE.				
City	State	Zip	City	State	ZIp
JOHNSTON	RI	02919			
Director Name			. Director Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	COMMON	NO PAR	100	COMMON	NO PAR

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	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: 5/26/99	John J. Jan. w 8.25.98
712	Signature of Officer Date .
Check No.:	John A Tricarico
. 40	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	/ Praside 17+
	Title of Officer



James R. Langevin, Secretary of State Corporations Division
100 North Main Street Providence, RI 02903-1335 401-277-3040



### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No.					
<b>/</b>	2. Name of Corporation	n	•	•	_
96839	LUCO, INC.				
3. Street Address Principal Business O	ffice		City	State	Zip
2535 Hartford		S. State of Incorporation	Johnston	RI	02919 6. SIC Code
(401) 934-263		RHODE ISLAND			8110
7. Brief Description of the Character o	f Rusiness Conducted in R	thode Island			
Beauty Shop					
8. NAMES AND ADDRESS President Name	ES OF THE OFFICE	ERS ("X" BOX FOR ATTACHA	IENT) Vice President Name		
John A. Trica	rico		John A. Tric	carico	
Street Address	- 200		Street Address		
2535 Hartford	Avenue		same		
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Secretary Name			Treasurer Name	•	
John A. Trica	rico		John A. Trid	carico	
Street Address			Street Address		
same			same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS (*X* BOX FOR ATTAC	HMENT)		
			Director Name		
Director Name  John A. Trica Street Address					
Director Name			Director Name		
Director Name  John A. Trica Street Address		Zip	Director Name	State	Zip
Director Name John A. Trica Street Address Same City	rico		Director Name Street Address	State	Zip
Director Name  John A. Trica Street Address Same City  Director Name	rico		Director Name  Street Address  City  Director Name	State	Zip 
Director Name  John A. Trica Street Address Same City	rico		Director Name  Street Address  City	State	Zip
Director Name  John A. Trica Street Address Same City  Director Name	rico		Director Name  Street Address  City  Director Name	State State	Zip  Zip
Director Name John A. Trica Street Address Same City Director Name Street Address	rico State	21p 	Director Name  Street Address  City  Director Name  Street Address  City	State	Zip
Director Name  John A. Trica Street Address Same City Director Name Street Address City	rico State	21p 	Director Name  Street Address  City  Director Name  Street Address  City		Zip
Director Name  John A. Trica Street Address Same  City  Director Name  Street Address  City  10. SHARES AUTHORIZED  AUTHORIZED SHARES	rico State	21p 	Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED	State	Zip
Director Name  John A. Trica Street Address Same City Director Name Street Address	Tico  State  State  (*X* BOX FOR ATTACE	Zip  Zip HMENT)	Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED ( ISSUED SHARES	State  State  (*X* BOX FOR ATTACHMENT)	Zip

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File Date:	2/26
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FOR SECRETARY C	OF STATE USE ONLY

Under genalty 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. ignature of Officer John A. Tricarico Print or Type Name of Officer

President

Title of Officer