



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 2005

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

1. Corporate ID No. 96839		2. Name of Corporation John Anthony Inc.			
3. Street Address Principal Business Office 2535 HARTFORD AVE		City Johnston		State RI	Zip 02919
4. Business Phone No. 401 943 2639		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John A. TRICARICO			Vice President Name SAME		
Street Address 2535 HARTFORD AVE			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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 SAME			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
100 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



File Date	6/27/05
Check No.	1194
By:	DA
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

Date

Print or Type Name of Officer

Title of Officer



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. 96839		2. Name of Corporation John Anthony Inc.			
3. Street Address Principal Business Office 2535 HARTFORD AVE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 944-1110		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN A TRICARICO			Vice President Name SAME		
Street Address 2535 HARTFORD AVE			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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			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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 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



* 9 6 8 3 9 *

File Date	2-3-04
Check No.	999
By:	John A Tricarico
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: John A Tricarico Date: 1/31/04
Print or Type Name of Officer: John A Tricarico
Title of Officer: President



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 02903-1335
401-222-3040



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.

96839

2. Name of Corporation

John Anthony Inc.

3. Street Address Principal Business Office

2535 HARTFORD AVENUE

4. Business Phone No.

(401) 934-2639

5. State of Incorporation

RHODE ISLAND

City

JOHNSTON

State

RI

Zip

02919

6. SIC Code

8110

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

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City

JOHNSTON

State

RI

Zip

02919

Vice President Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City

JOHNSTON

State

RI

Zip

02919

Secretary Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City

JOHNSTON

State

RI

Zip

02919

Treasurer Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City

JOHNSTON

State

RI

Zip

02919

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

Director Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City

JOHNSTON

State

RI

Zip

02919

Director Name

Street Address

City

State

Zip

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

100 NO PAR VALUE

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

ISSUED SHARES

Number of 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



* 9 6 8 3 9 *

File Date: 2-6-03

Check No.: 868

By: up

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.

John A. Tricarico - 02-04-03
Signature of Officer Date

John A. Tricarico
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 02903-1335
401-222-3040



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.

96839

2. Name of Corporation

John Anthony Inc.

3. Street Address Principal Business Office

2535 HARTFORD AVENUE

City

JOHNSTON

State

RI

Zip

02919

4. Business Phone No.

(401) 934-2639

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8110

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

BEAUTY SHOP

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

President Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City

JOHNSTON

State

RI

Zip

02919

Vice President Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City

JOHNSTON

State

RI

Zip

02919

Secretary Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City

JOHNSTON

State

RI

Zip

02919

Treasurer Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City

JOHNSTON

State

RI

Zip

02919

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

Director Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City

JOHNSTON

State

RI

Zip

02919

Director Name

Street Address

City

State

Zip

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

100 NO PAR VALUE

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

ISSUED SHARES

Number of 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



* 9 6 8 3 9 *

File Date:

1-29-02

Check No.:

6095

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

Date

[Signature] 1-29-02

Print or Type Name of Officer

John A. Tricarico

Title of Officer

President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



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.
96839

2. Name of Corporation
John Anthony Inc.

3. Street Address Principal Business Office
2535 HARTFORD AVENUE

City State Zip
JOHNSTON RI 02919

4. Business Phone No.
(401) 934-2639

5. State of Incorporation
RHODE ISLAND

6. **8990**

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

BEAUTY SHOP

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

President Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City State Zip
JOHNSTON RI 02919

Secretary Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City State Zip
JOHNSTON RI 02919

Vice President Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City State Zip
JOHNSTON RI 02919

Treasurer Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City State Zip
JOHNSTON RI 02919

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

Director Name

JOHN A. TRICARICO

Street Address

2535 HARTFORD AVENUE

City State Zip
JOHNSTON RI 02919

Director Name

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
100 NO PAR VALUE

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

ISSUED SHARES

Number of 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



* 9 6 8 3 9 *

File Date: 1/29

Check No.: 512

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] 1-20-2001
Signature of Officer Date

John A Tricarico
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. **96839** 2. Name of Corporation **John Anthony Inc.**
3. Street Address Principal Business Office **2535 HARTFORD AVENUE** City **JOHNSTON** State **RI** Zip **02919**
4. Business Phone No. **(401) 934-2639** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**
7. Brief Description of the Character of Business Conducted in Rhode Island **BEAUTY SHOP**

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

President Name JOHN A. TRICARICO Street Address 2535 HARTFORD AVENUE City JOHNSTON State RI Zip 02919	Vice President Name JOHN A. TRICARICO Street Address 2535 HARTFORD AVENUE City JOHNSTON State RI Zip 02919
Secretary Name JOHN A. TRICARICO Street Address 2535 HARTFORD AVENUE City JOHNSTON State RI Zip 02919	Treasurer Name JOHN A. TRICARICO Street Address 2535 HARTFORD AVENUE City JOHNSTON State RI Zip 02919

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

Director Name JOHN A. TRICARICO Street Address 2535 HARTFORD AVENUE City JOHNSTON State RI Zip 02919	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
100 NO PAR VALUE

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

ISSUED SHARES
Number of 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



* 9 6 8 3 9 *

File Date: 2/1/00
Check No.: 310
By: ce

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.

✓ John A. Langevin - ✓ 1-29-00
Signature of Officer Date
✓ John A. Tricarico
Print or Type Name of Officer
✓ President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96839 2. Name of Corporation JOHN ANTHONY, INC.
3. Street Address Principal Business Office 2535 HARTFORD AVE. City JOHNSTON State RI Zip 02919
4. Business Phone No. (401) 934-2639 5. State of Incorporation RHODE ISLAND 6. SIC Code 8110
7. Brief Description of the Character of Business Conducted in Rhode Island BEAUTY SHOP

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

President Name JOHN A. TRICARICO Street Address 2535 HARTFORD AVE. City JOHNSTON State RI Zip 02919 Secretary Name JOHN A. TRICARICO Street Address 2535 HARTFORD AVE. City JOHNSTON State RI Zip 02919	Vice President Name JOHN A. TRICARICO Street Address 2535 HARTFORD AVE. City JOHNSON State RI Zip 02919 Treasurer Name JOHN A. TRICARICO Street Address 2535 HARTFORD AVE. City JOHNSTON State RI Zip 02919
--	--

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

Director Name JOHN A. TRICARICO Street Address 2535 HARTFORD AVE. City JOHNSTON State RI Zip 02919 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
100	COMMON	NO PAR

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

ISSUED SHARES		
Number of 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: 8/26/99

Check No.: 213

By: JTB

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.

John A. Tricarico ✓ 8.25.99
Signature of Officer Date

John A. Tricarico
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98839** 2. Name of Corporation **LUCO, INC.**

3. Street Address Principal Business Office

2535 Hartford Avenue

4. Business Phone No.

(401) 934-2639

5. State of Incorporation

RHODE ISLAND

City

Johnston

State

R I

Zip

02919

6. SIC Code
8110

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

Beauty Shop

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

President Name

John A. Tricarico

Street Address

2535 Hartford Avenue

City

Johnston

State

R I

Zip

02919

Secretary Name

John A. Tricarico

Street Address

same

City

State

Zip

Vice President Name

John A. Tricarico

Street Address

same

City

State

Zip

Treasurer Name

John A. Tricarico

Street Address

same

City

State

Zip

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

Director Name

John A. Tricarico

Street Address

same

City

State

Zip

Director Name

Street Address

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

100 NO PAR VALUE

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

ISSUED SHARES

Number of 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



* 9 6 8 3 9 *

File Date: 2/26

Check No.: 2285

By: John A. Tricarico

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.

John A. Tricarico 2/23/98
Signature of Officer Date

John A. Tricarico
Print or Type Name of Officer

President
Title of Officer