



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. 68739		2. Name of Corporation A.T.D., Inc.			
3. Street Address Principal Business Office 9 Nutmeg Drive			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 934-2145		5. State of Incorporation RHODE ISLAND			6. SIC Code 8110
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS OF A SALON FOR THE CUTTING/STYLING OF MEN, WOMEN, & CHILDREN'S HAIR; ALSO TREATMENT OF HAIR, SKIN NAILS AND SALE OF PRODUCTS FOR HAIR, SKIN, NAILS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfred T. DiLibero, Jr.			Vice President Name Alfred T. DiLibero, Jr.		
Street Address 9 Nutmeg Drive			Street Address same		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Alfred T. DiLibero, Jr.			Treasurer Name Lynn M. DiLibero		
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
1,000 NO PAR VALUE			100	Common	NONE

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



FILED

File Date MAR 17 2005 2231

Check No. _____
By AS

By: _____

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.

Alfred T. DiLibero, Jr. 1-25-05
Signature of Officer Date

Alfred T. DiLibero, Jr.
Print or Type Name of Officer

President
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)

Form with sections 1-11: Corporate ID No., Name of Corporation, Street Address, Business Phone No., State of Incorporation, Description of Business, Names and Addresses of Officers (President, Vice President, Secretary, Treasurer, Directors), Shares Authorized, Shares Issued.

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



* 6 8 7 3 9 *

File Date: 1-29-04
Check No.: 10006
By: [Signature]

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: Alfred T. DiLibero, Jr. Date: 1-23-04

Print or Type Name of Officer: Alfred T. DiLibero, Jr.

Title of Officer: President



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. **68739** 2. Name of Corporation **A.T.D., Inc.**
3. Street Address Principal Business Office **9 Nutmeg Drive** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 934-2145** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**
7. Brief Description of the Character of Business Conducted in Rhode Island

Hair, skin and nail salon and selling products related thereto

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

President Name			Vice President Name		
Alfred T. DiLibero, Jr.			Alfred T. DiLibero, Jr.		
Street Address			Street Address		
9 Nutmeg Drive			same		
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Secretary Name			Treasurer Name		
Alfred T. DiLibero, Jr.			Lynn M. DiLibero		
Street Address			Street Address		
same			same		
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		
Alfred T. DiLibero, Jr.			Lynn M. DiLibero		
Street Address			Street Address		
same			same		
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
1,000 NO PAR VALUE

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

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

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



* 6 8 7 3 9 *

File Date: 2-28-02
Check No.: 8721
By: [Signature]

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]
Signature of Officer Date
Alfred T. DiLibero, Jr.
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. **68739** 2. Name of Corporation **A.T.D., Inc.**

3. Street Address Principal Business Office **9 Nutmeg Drive** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 934-2145** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**

7. Brief Description of the Character of Business Conducted in Rhode Island
Hair, skin and nail salon and selling products related thereto

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

President Name Alfred T. DiLiberio, Jr.	Vice President Name Alfred T. DiLiberio, Jr.
Street Address 9 Nutmeg Drive	Street Address same
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919
Secretary Name Alfred T. DiLiberio, Jr.	Treasurer Name Lynn M. DiLiberio
Street Address same	Street Address same
City State Zip Johnston RI 02919	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 Alfred T. DiLiberio, Jr.	Director Name Lynn M. DiLiberio
Street Address same	Street Address same
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919
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
1,000 SHS NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	

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



* 6 8 7 3 9 *

File Date: 2/8

Check No.: 7341

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.

Alfred T. DiLiberio, Jr. 1/5/2001
Signature of Officer Date

Alfred T. DiLiberio, Jr.
Print or Type Name of Officer

President
Title of Officer



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. **68739** 2. Name of Corporation **A.T.D., Inc.**
3. Street Address Principal Business Office City State Zip
9 Nutmeg Drive **Johnston** **RI** **02919**
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 934-2145 **RHODE ISLAND** **8110**

7. Brief Description of the Character of Business Conducted in Rhode Island
Hair, skin and nail salon and selling of products related thereto

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

President Name Alfred T. DiLibero, Jr.	Vice President Name Alfred T. DiLibero, Jr.
Street Address 9 Nutmeg Drive	Street Address same
City State Zip Johnston RI 02919	City State Zip
Secretary Name Alfred T. DiLibero, Jr.	Treasurer Name Lynn M. DiLibero
Street Address same	Street Address same
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 Alfred T. DiLibero, Jr.	Director Name Lynn M. DiLibero
Street Address same	Street Address same
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
1,000 SHS NO PAR VALUE

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

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

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



* 6 8 7 3 9 *

File Date: 1/19/00

Check No.: 60119

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.

Alfred T. DiLibero Jr 1/19/00
Signature of Officer Date

Alfred T. DiLibero, Jr.

Print or Type Name of Officer

President

Title of Officer



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. 68739		2. Name of Corporation A.T.D., Inc.	
3. Street Address Principal Business Office 9 Nutmeg Drive		City Johnston	State RI
		Zip 02919	
4. Business Phone No. (401) 934-2145	5. State of Incorporation RHODE ISLAND		6. SIC Code 8110
7. Brief Description of the Character of Business Conducted in Rhode Island Hair, skin and nail salon and selling of products related thereto			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Alfred T. DiLiberio, Jr.		Vice President Name Alfred T. DiLiberio, Jr.	
Street Address 9 Nutmeg Drive		Street Address same	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Alfred T. DiLiberio, Jr.		Treasurer Name Lynn M. DiLiberio	
Street Address same		Street Address same	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Alfred T. DiLiberio, Jr.		Director Name Lynn M. DiLiberio	
Street Address same		Street Address same	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Director Name Alfred T. DiLiberio, Jr.		Director Name Lynn M. DiLiberio	
Street Address same		Street Address same	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
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
1,000 SHS NO PAR VALUE			100
			Common

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



* 6 8 7 3 9 *

File Date: Feb 16, 99

Check No.: 41681

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: Alfred T. DiLiberio, Jr. Date: 2-10-99

Print or Type Name of Officer: Alfred T. DiLiberio, Jr.

Title of Officer: President

Title of Officer



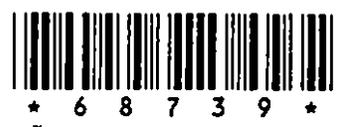
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 68739		2. Name of Corporation A.T.D., Inc.			
3. Street Address Principal Business Office 9 Nutmeg Drive			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 934-2145		5. State of Incorporation RHODE ISLAND		6. SIC Code 8110	
7. Brief Description of the Character of Business Conducted in Rhode Island Hair, skin and nail salon and selling of products related thereto					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name Alfred T. DiLibero, Jr.			Vice President Name Alfred T. DiLibero, Jr.		
Street Address 9 Nutmeg Drive			Street Address same		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Alfred T. DiLibero, Jr.			Treasurer Name Lynn M. DiLibero		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name Alfred T. DiLibero, Jr.			Director Name Lynn M. DiLibero		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE			100	Common	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)					

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



File Date: 3/2
Check No.: 3299
By: KLB

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.

Alfred T. DiLibero 11/19/98
Signature of Officer Date

Alfred T. DiLibero, Jr.
Print or Type Name of Officer

President
Title of Officer



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. **68739** 2. Name of Corporation **A.T.D., Inc.**

3. Street Address Principal Business Office City State Zip
9 Nutmeg Drive **Johnston** **RI** **02919**

4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 934-2145 **RHODE ISLAND** **8110**

7. Brief Description of the Character of Business Conducted in Rhode Island
Hair, skin and nail salon and selling of products related thereto

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

President Name	Vice President Name
Alfred T. DiLibero, Jr.	Alfred T. DiLibero, Jr.
Street Address	Street Address
9 Nutmeg Drive	same
City State Zip	City State Zip
Johnston RI 02919	
Secretary Name	Treasurer Name
Alfred T. DiLibero, Jr.	Lynn M. DiLibero
Street Address	Street Address
same	same
City State Zip	City State Zip

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

Director Name	Director Name
Alfred T. DiLibero, Jr.	Lynn M. DiLibero
Street Address	Street Address
same	same
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
1,000 SHS NO PAR VALUE	100 Common

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



* 6 8 7 3 9 *

File Date: 3/4/97

Check No.: 2130

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.

Alfred T. DiLibero Jr. 2.24.97
Signature of Officer Date

Alfred T. DiLibero, Jr.
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 68739		2. NAME OF CORPORATION A.T.D., Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 9 Nutmeg Drive			CITY Johnston	STATE RI	ZIP CODE 02919
4. BUSINESS PHONE NO. (401) 934-2145		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 8110

Hair, skin and nail salon and selling of products related thereto

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Alfred T. DiLibero, Jr.			VICE PRESIDENT NAME Alfred T. DiLibero, Jr.		
STREET ADDRESS 9 Nutmeg Drive			STREET ADDRESS same		
CITY Johnston	STATE RI	ZIP CODE 02919	CITY	STATE	ZIP CODE
SECRETARY NAME Alfred T. DiLibero, Jr.			TREASURER NAME Lynn M. DiLibero		
STREET ADDRESS same			STREET ADDRESS same		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Alfred T. DiLibero, Jr.			DIRECTOR NAME Lynn M. DiLibero		
STREET ADDRESS same			STREET ADDRESS same		
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
1,000 SHS	NO PAR VALUE		100	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.

File Date:

2/9/96

Check No:

1043

By:

AD

Alfred DiLibero
Signature of Officer

Alfred T. DiLibero, Jr.
Print or Type Name of Officer

President
Title of Officer

1-8-96
Date

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING



ANNUAL REPORT

Please Type or Print
 File Annually -- Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0058759 Annual Report for the year: 1995

Name of Corporation: A.T.D., Inc.

Business entity organized under the laws of the State of: Rhode Island
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
9 Nutmeg Drive
Johnston, RI 02919
 Phone: (401) 934-2145

Brief statement of the character of business conducted in Rhode Island:
hair, skin and nail salon and selling of products related thereto

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Alfred T. DiLibero, Jr. 9 Nutmeg Drive	Johnston, RI	02919
VICE PRESIDENT	Alfred T. DiLibero, Jr. same		
SECRETARY	Alfred T. DiLibero, Jr. same		
TREASURER	Alfred T. DiLibero, Jr. same		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Alfred T. DiLibero, Jr.	9 Nutmeg Drive	Johnston, RI	02919

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1000	Common	100	Common

Date 1-17, 19 95

By: Alfred T. DiLibero, Jr.
Alfred T. DiLibero, Jr., President
PRINT OR TYPE NAME OF OFFICER SIGNING
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ANTHONY R. MIGNANELLI
 15 WESTMINSTER STREET, SUITE 516
 PROVIDENCE RI 02905

FILED

FEB 8 1995

By cc 678

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

Registration Fee \$50.00
Payable to:
Secretary of State

Corporate ID: 0068739 Annual Report for the year: 1994

Name of Business Entity: A.T.D., INC.

Business entity organized under the laws of the State of: Rhode Island
Federal Taxpayer Identification Number: _____
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):
9 Nutmeg Drive
Johnston, RI 02919
Phone: (401) 934-2145

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:
Alfred T. DiLibero, Jr., President
9 Nutmeg Drive
Johnston, RI 02919
Brief statement of the character of business conducted in Rhode Island:
Hair, skin and nail salon and selling
of products related thereto
Date of Organization: 6/23/92
Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input type="checkbox"/> PRESIDENT (Check One) <u>Alfred T. DiLibero, Jr.</u>	<u>9 Nutmeg Drive</u>	<u>Johnston, RI</u>	<u>02919</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One) <u>Alfred T. DiLibero, Jr.</u>	<u>Same</u>		
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One) <u>Alfred T. DiLibero, Jr.</u>	<u>Same</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One) <u>Alfred T. DiLibero, Jr.</u>	<u>Same</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Alfred T. DiLibero, Jr.</u>	<u>9 Nutmeg Drive</u>	<u>Johnston, RI</u>	<u>02919</u>
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>1000</u>	NUMBER	<u>100</u>
CLASS	<u>Common</u>	CLASS	<u>Common</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>No Par Value</u>	PAR VALUE OR WITHOUT PAR	<u>No Par Value</u>

ACTION BY UNANIMOUS CONSENT OF THE
DIRECTORS OF
A.T.D., INC.

The undersigned, being all the Directors of A.T.D., INC., pursuant to the provisions of the General Laws of Rhode Island, and the By-Laws of this Corporation hereby consent to the following action and adopt the following votes:

The Annual Meeting of the Directors of A.T.D., INC. was held at the offices of the Corporation on the 18th day of February, 1994 at 2:15 in the afternoon, immediately following the adjournment of the Annual Meeting of the Stockholders. The following Directors were present:

Alfred T. DiLibero, Jr.

The meeting was called to order by the President.

VOTED: To proceed by ballot to the election of Officers. A ballot having been taken, the following were declared elected Officers of the Corporation:

President:	Alfred T. DiLibero, Jr.
Vice President:	Alfred T. DiLibero, Jr.
Secretary:	Alfred T. DiLibero, Jr.
Treasurer:	Alfred T. DiLibero, Jr.

VOTED: That the President be and is hereby authorized to execute leases, agreements, mortgages, extensions of mortgages, contracts of all kinds, deeds and other instruments relating to the real or personal property, or both, of this Corporation, and to sign checks on any bank account of the Corporation, and to sign notes on behalf of

the Corporation as evidence of any loans made by it, subject to any limitations which may be imposed by the Directors, and further to any limitations which may be imposed by the By-Laws of this Corporation.

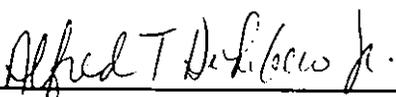
The President then reported on the business of the Corporation during the preceding year.

VOTED: To ratify and confirm all actions taken by the Officers on behalf of the Corporation since the last meeting of the Board of Directors of the Corporation.

There being no further business before the Board, upon motion duly made and seconded, it was unanimously,

VOTED: To adjourn.

Adjourned.



Alfred T. DiLibero, Jr.

ACTION BY UNANIMOUS CONSENT OF THE
STOCKHOLDERS OF
A.T.D., INC.

The undersigned, being all the Stockholders of A.T.D., INC., pursuant to the provision of the General Laws of Rhode Island, and the By-Laws of this Corporation hereby consent to the following action and adopt the following votes:

The Annual Meeting of the Stockholders of A.T.D., INC. was held at the offices of the Corporation on the

18th day of February, 1994 at 2:00 in the afternoon.

VOTED: To proceed by ballot to the election of a Board of Directors. A ballot having been taken, the following were declared elected Directors of the Corporation:

Alfred T. DiLibero, Jr.

VOTED: That Frederick Wesley be and is hereby authorized to execute leases, agreements, mortgages, extensions of mortgages, contracts of all kinds, deeds and other instruments relating to the real or personal property, or both, of this Corporation, and to sign checks on any bank account of the Corporation, and to sign notes on behalf of the Corporation as evidence of any loans made by it, subject to any limitations which may be imposed by the Directors, and further to any limitations which may be imposed by the By-Laws of this Corporation.

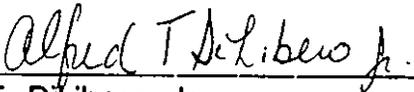
The President then reported on the business of the Corporation during the preceding year.

VOTED: To ratify and confirm all actions taken by the Officers and Directors on behalf of the Corporation since the last Stockholder's meeting.

There being no further business before the meeting, upon motion duly made and seconded, it was unanimously,

VOTED: To adjourn.

Adjourned.



Alfred T. DiLibero, Jr.

1001\atd.sha

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

199 mme

Corporate ID 0052783 Annual Report for the year 1993

FIRST: The name of the corporation is A.T.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is hair, skin and nail salon and selling of
of products related thereto

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

FIFTH: Business address in Rhode Island 9 Nutmeg Drive, Johnston, RI

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

Name	Office	Address (including number, street, zip code)
Alfred T. DiLibero, Jr.	Director	9 Nutmeg Drive, Johnston, RI 02919
	Director	
	Director	
Alfred T. DiLibero, Jr.	President	9 Nutmeg Drive, Johnston, RI 02919
Alfred T. DiLibero, Jr.	Vice President	Same
Alfred T. DiLibero, Jr.	Secretary	Same
Alfred T. DiLibero, Jr.	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No par value

EIGHTH: Number of Shares issued:

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

Dated 2-15 19 93

A.T.D., Inc.
(Name of Corporation)

By Alfred DiLibero Jr

Title President

(Report must be signed by an officer)