



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

Matthew A. Brown, Secretary of State  
Corporations Division  
190 North Main Street, Providence, RI 02903-1335  
401 222 3640

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 59039		2. Name of Corporation AVALON, HAIR, ETC., INC.			
3. Street Address Principal Business Office 1221 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 02920	
4. Business Phone No. 4019444601		5. State of Incorporation RHODE ISLAND		6. SIC Code 8110	
7. Brief Description of the Character of Business Conducted in Rhode Island HAIR AND BEAUTY SALON AND RELATED SERVICES.					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Holly Ballou Dexter		Vice President Name			
Street Address 1221 Reservoir Avenue		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Holly Ballou Dexter		Treasurer Name Holly Ballou Dexter			
Street Address 1221 Reservoir Avenue		Street Address 1221 Reservoir Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
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
<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					<b>11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			0	0	0

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



5 9 0 3 9

\*59039 DBC 01/27/05 03:27:01 PM\*

File Date **FILED**

Check No. **APR 12 2005** 6369

By: **By** 1/15

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.

*Holly Ballou Dexter* 2/12/05  
Signature of Officer Date  
Holly Ballou Dexter  
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 IN BLACK)

1. Corporate ID No. **\*59039\*** 2. Name of Corporation **AVALON, HAIR, ETC., INC.**  
3. Street Address Principal Business Office **1221 RESERVOIR AVENUE** City **CRANSTON** State **RI** Zip **02920**  
4. Business Phone No. **4019444601** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**HAIR AND BEAUTY SALON AND RELATED SERVICES.**

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

President Name **Holly Ballou Dexter** Vice President Name \_\_\_\_\_  
Street Address **1221 Reservoir Avenue** Street Address \_\_\_\_\_  
City **Cranston** State **RI** Zip **02920** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Secretary Name **Holly Ballou Dexter** Treasurer Name **Holly Ballou Dexter**  
Street Address **1221 Reservoir Avenue** Street Address **1221 Reservoir Avenue**  
City **Cranston** State **RI** Zip **02920** City **Cranston** State **RI** Zip **02920**

**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  
**500 NO PAR VALUE**

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

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

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



\* 5 9 0 3 9 \*

\*59039 DBC2/13/034:05:25 PM\*  
File Date **RECEIVED**  
Check No. **JAN 22 2004**  
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]** **1/20/04**  
Signature of Officer Date  
**Holly Ballou Dexter**  
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  
401.222.3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *59039*	2. Name of Corporation AVALON, HAIR, ETC., INC.		
3. Street Address Principal Business Office 1221 RESERVOIR AVENUE	City CRANSTON	State RI	Zip 02920
4. Business Phone No. 4019444601	5. State of Incorporation RHODE ISLAND	6. SIC Code 8110	
7. Brief Description of the Character of Business Conducted in Rhode Island HAIR AND BEAUTY SALON AND RELATED SERVICES.			

8. NAMES AND ADDRESSES OF THE OFFICERS ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FULL IN SPACES BEFORE USING ATTACHMENTS					
President Name Holly Ballou Dexter			Vice President Name		
Street Address 1221 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Holly Ballou Dexter			Treasurer Name Holly Ballou Dexter		
Street Address 1221 Reservoir Avenue			Street Address 1221 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FULL 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 ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			100	Common	no par value

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



\* 5 9 0 3 9 \*

*59039 DBC2/13/03 1:52:41 PM*
File Date <u>2/20/03</u>
Check No. <u>5364</u>
By: <u>[Signature]</u>
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.

Holly Ballou Dexter 2-18-03  
Signature of Officer Date  
Holly Ballou Dexter  
Print or Type Name of Officer  
President  
Title of Officer  
Form 630 (2/01)



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. 59039 2. Name of Corporation AVALON, HAIR, ETC., INC.  
3. Street Address Principal Business Office 1221 Reservoir Avenue City Cranston State Rhode Island Zip 02920  
4. Business Phone No. 401-944-4601 5. State of Incorporation RHODE ISLAND 6. SIC Code 8110

7. Brief Description of the Character of Business Conducted in Rhode Island  
Hair and beauty salon and related services

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

President Name <u>Holly Ballou Dexter</u> Street Address <u>509 Danielson Pike</u> City <u>No. Scituate</u> State <u>RI</u> Zip <u>02857</u>	Vice President Name  Street Address  City State Zip 
Secretary Name <u>Holly Ballou Dexter</u> Street Address <u>509 Danielson Pike</u> City <u>No. Scituate</u> State <u>RI</u> Zip <u>02857</u>	Treasurer Name <u>Holly Ballou Dexter</u> Street Address <u>509 Danielson Pike</u> City <u>No. Scituate</u> State <u>RI</u> Zip <u>02857</u>

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

Director Name <u>N/A</u> Street Address  City State Zip 	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	Class/Series	Par Value
<u>500 NO PAR VALUE</u>		

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

ISSUED SHARES	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>No Par Value</u>

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



\* 5 9 0 3 9 \*

File Date: 2-20-02  
Check No.: 4808  
By: 2

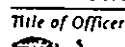
FOR SECRETARY OF STATE USE ONLY

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.

Holly Ballou Dexter 2002  
Signature of Officer Date

Holly Ballou Dexter  
Print or Type Name of Officer

President  
Title of Officer





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. <b>59039</b>		2. Name of Corporation <b>AVALON, HAIR, ETC., INC.</b>		
3. Street Address Principal Business Office <b>1221 Reservoir Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>(401) 944-4602</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 and beauty salon and related services</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
President Name <b>Holly Ballou Dexter</b>		Vice President Name		
Street Address <b>509 Danielson Pike</b>		Street Address		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b></b>	
Secretary Name <b>Same as President</b>		Treasurer Name <b>Same as President</b>		
Street Address		Street Address		
City <b></b>	State <b></b>	Zip <b></b>	City <b></b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
Director Name <b>N/A</b>		Director Name		
Street Address		Street Address		
City <b></b>	State <b></b>	Zip <b></b>	City <b></b>	
Director Name		Director Name		
Street Address		Street Address		
City <b></b>	State <b></b>	Zip <b></b>	City <b></b>	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)				
AUTHORIZED SHARES				
Number of Shares <b>500 SHS NO PAR VALUE</b>	Class/Series <b></b>	Par Value <b></b>	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
ISSUED SHARES				
Number of Shares <b>100</b>	Class/Series <b>Common</b>	Par Value <b>None</b>		

RECEIVED  
SECRETARY OF STATE  
OFFICE OF THE SECRETARY OF STATE  
FEB 26 2001

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



File Date: **FILED**  
Check No.: **FEB 26 2001**  
By: **100-257123**  
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: **Holly Ballou Dexter** Date: **2-22-01**  
Print or Type Name of Officer: **Holly Ballou Dexter**  
Title of Officer: **President**



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. 59039		2. Name of Corporation AVALON, HAIR, -ETC., -INC.	
3. Street Address Principal Business Office 1221 Reservoir Avenue		City Cranston	State RI
4. Business Phone No. (401) 944-4601		5. State of Incorporation RHODE-ISLAND	6. SIC Code 8110
7. Brief Description of the Character of Business Conducted in Rhode Island Hair and beauty salon and related services			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Holly Ballou Dexter		Vice President Name	
Street Address 509 Danielson Pike		Street Address	
City N. Scituate,	State RI	City	State
Secretary Name Same as President		Treasurer Name Same as President	
Street Address		Street Address	
City	State	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name N/A		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
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	Number of Shares	Class/Series
500 SHS NO PAR VALUE		100	Common
	Par Value		Par Value
			None

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



\* 59039 \*

File Date: 2-23-00

Check No: 3649

By: AMK

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.

Holly Ballou Dexter  
Signature of Officer Date

Holly Ballou Dexter  
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 1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>59039</b>		2. Name of Corporation <b>AVALON, HAIR, ETC., INC.</b>			
3. Street Address Principal Business Office <b>1221 Reservoir Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>401 944-4601</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 and beauty salon and related services</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Holly Ballou Dexter</b>			Vice President Name		
Street Address <b>509 Danielson Pike</b>			Street Address		
City <b>N. Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip
Secretary Name <b>Same as President</b>			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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>N/A</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>500 SHS NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>None</b>

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



\* 5 9 0 3 9 \*

File Date: **Feb 9, 99**

Check No.: **3045**

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]** **2-8-99**  
Signature of Officer Date

**Holly Ballou Dexter**

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. **59039** 2. Name of Corporation **AVALON, HAIR, ETC., INC.**  
3. Street Address Principal Business Office **1221 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **401-944-4601** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Hair and beauty salon and related services**

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

President Name <b>Holly Ballou Dexter</b>	Vice President Name
Street Address <b>509 Danielson Pike</b>	Street Address
City <b>N. Scituate</b> State <b>RI</b> Zip <b>02857</b>	City State Zip
Secretary Name <b>Same as President</b>	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 <b>N/A</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
<b>500 SHS NO PAR VALUE</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>None</b>

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



\* 5 9 0 3 9 \*

File Date: 2/4/98

Check No.: 2380

By: KID

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.

Holly Ballou Dexter 2-2-98  
Signature of Officer Date

**Holly Ballou Dexter**

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 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59039** 2. Name of Corporation **AVALON, HAIR, ETC., INC.**

3. Street Address Principal Business Office  
**1221 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **401-944-4601** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**

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

**Hair and beauty salon and related services**

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

President Name

**Holly Ballou Dexter**

Street Address

**509 Danielson Pike**

City **N. Scituate** State **RI** Zip **02857**

Secretary Name

**Same as President**

Street Address

City **N. Scituate** State **RI** Zip **02857**

Vice President Name

Street Address

City **N. Scituate** State **RI** Zip **02857**

Treasurer Name

**Same as President**

Street Address

City **N. Scituate** State **RI** Zip **02857**

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

Director Name

**N/A**

Street Address

City **N. Scituate** State **RI** Zip **02857**

Director Name

Street Address

City **N. Scituate** State **RI** Zip **02857**

Director Name

Director Name

Street Address

Street Address

City **N. Scituate** State **RI** Zip **02857**

City **N. Scituate** State **RI** Zip **02857**

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares **500 SHS NO PAR VALUE** Class/Series Par Value

ISSUED SHARES

Number of Shares **100** Class/Series **common** Par Value **None**

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



\* 5 9 0 3 9 \*

File Date: **1/28/97**

Check No.: **217**

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.

**Holly Ballou Dexter** **01-27-97**  
Signature of Officer Date

**Holly Ballou Dexter**

Print or Type Name of Officer

**President**

Title of Officer

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

Corporate ID:

Annual Report for the year: 1996

Name of Corporation: AVALON, HAIR, ETC., 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: ( )

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

Hair and beauty salon and related services

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

509 Danielson Pike  
N. Scituate, RI 02857

Phone: ( )

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Holly Ballou Dexter	509 Danielson Pike	N. Scituate, RI	02857
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Holly Ballou Dexter	509 Danielson Pike	N. Scituate, RI	02857
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

Holly Ballou Dexter	509 Danielson Pike	N. Scituate, RI	02857
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**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
None			

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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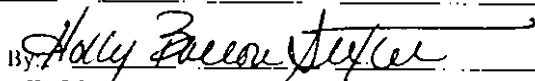
NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
500	Common/NA No par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
100	Common/N/A No par value

Date: August 1, 1996

By: 

Holly Ballou Dexter  
President  
TITLE OF OFFICER SIGNING

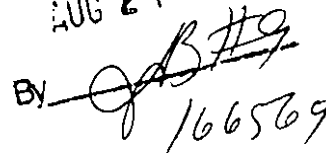
Form 31 1/95

**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

**FILED**

AUG 21 1996

BY:  166569

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID ..... Annual Report for the year 1995 .....

FIRST: The name of the corporation is AVALON, HAIR, ETC., INC. ....

SECOND: It is incorporated under the laws of Rhode Island .....

THIRD: Character of business, briefly stated, is Hair and beauty salon and related services .....

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

FIFTH: Business address in Rhode Island 509 Danielson Pike, P.O. Box 689, N. Scituate, RI 02857 .....

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

Name

Office

Address (including number, street, zip code)

Director .....

Director .....

Director .....

Holly Ballou Dexter President 509 Danielson Pike, N. Scituate, RI 02857 .....

Vice President .....

Holly Ballou Dexter Secretary 509 Danielson Pike, N. Scituate, RI 02857 .....

Holly Ballou Dexter Treasurer 509 Danielson Pike, N. Scituate, RI 02857 .....

SEVENTH: Number of Shares authorized:

No of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

500

Common

N/A

No par value

FILED

EIGHTH: Number of Shares issued:

No of Shares

Class

By

Series

Par Value  
or statement that  
shares are without  
par value

100

Common

N/A

No par value

AUG 21 1996

By

Series

N/A

Dated August / 19 96

AVALON, HAIR, ETC., INC.

(Name of Corporation)

By

Title President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID ..... Annual Report for the year 1994

FIRST: The name of the corporation is AVALON, HAIR, ETC., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Hair and beauty salon and related services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 509 Danielson Pike, P.O. Box 689, N. Scituate,  
RI 02857

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Holly Ballou Dexter President 509 Danielson Pike, N. Scituate, RI 02857

Vice President

Holly Ballou Dexter Secretary 509 Danielson Pike, N. Scituate, RI 02857

Holly Ballou Dexter Treasurer 509 Danielson Pike, N. Scituate, RI 02857

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

500

Common

N/A  
FILED

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

N/A

No par value

Dated August 19 96

AVALON, HAIR, ETC., INC.

(Name of Corporation)

By Holly Ballou Dexter

Title: President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year 1993

FIRST: The name of the corporation is AVALON, HAIR, ETC., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Hair and beauty salon and related services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 509 Danielson Pike, P.O. Box 689, N. Scituate,  
RI 02857

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

Name Office Address (including number, street, zip code)

Director

Director

Director

Holly Ballou Dexter President 509 Danielson Pike, N. Scituate, RI 02857

Vice President

Holly Ballou Dexter Secretary 509 Danielson Pike, N. Scituate, RI 02857

Holly Ballou Dexter Treasurer 509 Danielson Pike, N. Scituate, RI 02857

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common	N/A	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	N/A	No par value

FILED

AUG 21 1996

By  166569

AVALON, HAIR, ETC., INC.

(Name of Corporation)

By 

Title President

(Report must be signed by an officer)

Dated August 19 96

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID \_\_\_\_\_ Annual Report for the year 1992

FIRST: The name of the corporation is AVALON, HAIR, ETC., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Hair and beauty salon and related services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 509 Danielson Pike, P.O. Box 689, N. Scituate,  
RI 02857

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Holly Ballou Dexter President 509 Danielson Pike, N. Scituate, RI 02857

Vice President

Holly Ballou Dexter Secretary 509 Danielson Pike, N. Scituate, RI 02857

Holly Ballou Dexter Treasurer 509 Danielson Pike, N. Scituate, RI 02857

SEVENTH: Number of Shares authorized:

No of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

500

Common

N/A

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

FILED

AUG 21 1996  
Series

BY N/A

Dated August / 19 96

AVALON, HAIR, ETC., INC.

(Name of Corporation)

BY Holly Ballou Dexter

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

Corporate ID 0089039 Annual Report for the year 1991

FIRST: The name of the corporation is AVALON, HAIR, ETC., INC.

SECOND: It is incorporated under the laws of Providence, 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 301 Wickenden St.  
Providence, RI 02903

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>Holly Ballou Dexter</u>	President	<u>509 Danielson Pike - No. Scituate, RI 0857</u>
<u>Mark</u>	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

500

COMMON STOCK

PAID

JAN 20 1991

Par Value  
or statement that  
shares are without  
par value

NO Par Value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

100

COMMON STOCK

Par Value  
or statement that  
shares are without  
par value

NO Par Value

Dated 2 January 19 91

Avalon Hair, etc, Inc.  
(Name of Corporation)

By Holly Ballou Dexter

Title president

(Report must be signed by an officer)