

Matthew A. Brown, Secretary of State Corporations Division 190 North Main Street, Providence, RJ 02903-1335 401 222 3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

(FORM MUST BE TY)	uary 1 - March 1 ● 1 PED IN BLACK)			*		
1. Corporate ID No. 59039	2. Name of Corp. AVALON. F	oration IAIR, ETC., INC.				
3. Street Address Prince	ipal Business Office	Air, Ero., ivo.	[City	Ic		
1221 RESERVO			CRANSTON	State R I	Zip	
4 Business Phone No.		5 State of Incorpor		KI.	02920	
4019444601		RHODE ISLA			6 SIC Code 8110	
7. Brief Description of .	the Character of Business Co.	nducted in Rhode Island			8110	
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			Vice President Name	TAULS BEFURE USING A	TIACHMENTS	
Holly Ballou	Dexter		•			
Street Address	• • •		Street Address			
1221 Reservoi			•			
City Cranston	State	Zıp	City	State	Zip	
Secretary Name	RI	02920	* * * * 3, * * * * * * * * * * * * *			
Holly Ballou	Dovter		Treasurer Name		• • • • • • • • • • • • •	
Street Address			Holly Ballou D	excer		
1221 Reservoi	r Avenue		Street Address	_		
City	State	(2)	.1221 Reservoir	Avenue		
Cranston	RI	<i>Zip</i> 02920	*City	State	Zıp	
	1		.Cranston	RI	02920	
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City	State					
c,	State	Zip	·City	State	Zip	
Director Name						
a-matter / tallit			* Director Name			
Street Address						
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500 NO PAR VAL	UE		ϕ	Ø	6	
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	and the time of citing	ir the Frestaent, rice	President, Secretary, Assi	stant Secretary, Treasi	irer, Receiver or Truste	
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· .	•	on a large	this report, including	gany accompanying schee	inat i have examined	
59039 DBC 01/2	27/05 03:27:01 PM		and that all statemer	its contained herein are in	ie and correct	
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File Date		5, k		RULIEX \ NO ITT	2/12/15	
Chack Vo. A	PR 1 2 2005 6	36fi	Signature of Officer	WILLIAM	Date	
Check No. A	···· T S KUM	-	Holly Ballou	Dexter		
B_{V} By	1/11 -		Print or Type Name of Officer			
		-	President			
FOR SECRETARY OF	STATE USE ONLY		i resident			



FOR SECRETARY OF STATE USE ONLY

Mutthew A. Brown. Secretary of State Corporations Division 190 North Main Street, Providence, Rf 92993-1335 401-222-3040

PROFIT CORPO Filing Period: January 1 -	RATION AN	NUAL REPO	RT FOR THE YE	AR 2004	_
(FORM MUST BE TYPED IN BI T Corporate ID No *59039*					
3 Street Address Principal Busine 1221 RESERVOIR AVE	ess Office	L 10., 1146.	City:	State RT	Zip
4. Business Phone No. 4019444601		5. State of Incorporation RHODE ISLAND	Cid 210 To,	A.	02920 6 SIC Code 8110
7 Brief Description of the Character HAIR AND BEAUTY SALO	ter of Business Conducted N AND RELATED SE			• •	
8. NAMES AND ADDRESS President Name	es of the officei	RS CA" BOX FOR ATT.	CHNENT) FILE IN SPACE	S BEFORE USING ATTAC	HMENTS
Holly Ballou [Street Address	Dexter		Street Address		
1221 Reservoi					
City		Ζφ	City	State	Zip
Cranston Secretary Name	RI	02920	Treasurer Name		· :
Holly Ballou I Street Address			Holly Ballou	Dexter	
1221 Reservoir	5.5 <u>.</u> 6 4. 5.5. 4. 4	Zıp	1221 Reservoi	ir Avenue.	Żip
Cranston	RI	02920	Cranston	RI	02920
9: NAMES AND ADDRESS Director Name	es of the directo	ORS CX" BOX FOR AT	TACHMENT) THELE IN SPACE	es before using att	CHMENTS
Street Address			Street Address		
City	State	 Zip	Cuy	State	Žφ
Director Name		• • • •	Director Name	·	•
Street Address			Street Address		
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Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Caha
500 NO PAR VALUE			100		
This report must be signed	in ink by either the	President, Vice Pre	: sident, Secretary, Assistant	t Secretary, Treasurer	 Receiver or Trustee
* 5 9 0	3 9 *			I declare and affirm that I accompanying schedules:	
59039 DBC2/13/034:05	:25 PM			ntained herein are true and	
File Date			Now Bu	en Suter	1/20/04
Check No.	SOUTH AND		Holly Ballo	ou_Dexter	/ '
JAN & & I	TOOT I TOOL		Print or Type Name of Office	er	

President Tille of Officer

Form 630 12-03



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335. 401,222,3049

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BI 1. Corporate ID No	ACK) 2 Name of Corpora	tion	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A THE PARTY OF THE
59039	AVALÓN, HA				
3. Street Address Principal Busine			City	State	Zıp
1221 RESERVOIR AVE	INUE		CRANSTON	RI	02920
4. Business Phone No. - 4 C 1 9 4 4 4 6 0 1		5 State of Incorporate			6 SIC Code 8110
	Atom of Business Could	RHODE ISLANI	ט 	والمستداد والمستريب ويستداو والمروورين المراجي	6110
7 Brief Description of the Charac HAIR AND BEAUTY SALC	N AND RELATED	SERVICES.			
8. NAMES AND ADDRESS President Name	es of the offi	CERS ("X" BOX FOR A	TTACHMENT) DRULL INS	spaces before using at	TACUMENTS
Holly Ballon Dexte	Y		•		
Street Address			Street Address		
1221 Reservoir Ave	nue				
Cuy	State	Žφ	Cuy	State	Zip
Cranston	RI	02920	en en general en		
Secretary Name			Treasurer Name	N	
Holly Ballou Dexte	r		Holly Ballou D	Jexter	
Street Address			Street Address	_	
1221 Reservoir Ave			.1221 Reservoir		
City Control of the control	State	Zip	Cuv	State RT	<i>Ζφ</i> 02920
Cranston www.seconomics	RI Paramanan	02920	Cranston		and the second s
9. NAMES AND ADDRESS Director Name	E3 OF I BEDIKE	sei oro lexirov kov	Director Name	streez per ore como	M. TOLUMINO AS.
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Director Name			Director Name		
Street Address	**********	•·····································	Street Address		**************************************
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10 SHARES AUTHORIZE	D ('X" BOX FOR	TTACUMENT)	IL SHARES ISSUED ("X" BOX FOR ATTACHMEN	
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This report must be signe	d in ink by eithe	r the President Vice	President Secretary As	sistant Secretary Treas	rer Receiver or Truste
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+ 5 9	0 3 9 *			perjury, I declare and affirm	
				ing any accompanying sche	
*59039 DBC2/13/Q31:5	2.41 BM		and that all statem	ents contained herein are tr	ie and correct.
File Date 2/2	りんろ	•	(M) [1]	Juen Wulte	L 2.18.03
	7 11	-	Signature of Officer		Date
Check No. 55	164		Holly Ballo	u Dexter	
	\mathcal{O}		Print or Type Name		<u> </u>
B <u>re</u>		.	President		
FOR SECRETARY OF STATE	USE ONLY	1	Title of Officer		Form 630: 26



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Screet, 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

STOP PLJ AVE RE AD INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 59039 AVALON, HAIR, ETC., INC. 3. Street Address Principal Business Office City State Zip 1221 Reservoir Avenue Cranston Rhode Island 02920 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 401-944-4601 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 Vice President Name Holly Ballou Dexter Street Address Street Address 509 Danielson Pike Zip State No. Scituate Treosurer Name Holly Ballou Dexter Holly Ballou Dexter Street Address Street Address 509 Danielson Pike 509 Danielson Pike City 7.10 Zip No. Scituate RI 02857 No. Scituate RI 02857 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name N/A . Street Address Street Address City State ZIp State Zip Director Name Director Name Street Address Street Address State . City State 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 **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



File Date:	2-20-0	02
Check No.:	808	
Ву:	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.

HO WE SILLAN SEXTEN 2001

Holly Ballou Dexter
Print or Type Name of Officer

President

Corporations Division 100 North Main Street, Providence, RJ 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 BLAC	ck)				
11. Corporate ID No. 59039	2. Name of Corporati AVALON, H	AIR, ETC., INC.		· — — — — — — — — — — — — — — — — — — —	
3. Street Address Principal Business (Office		City	State	Zip
1221 Reservoir 4. Business Phone No. (401) 944-4602 7. Brief Description of the Character		5. State of incorporation RHODE ISLA Rhode Island		RI	02920 6. SIC Code 8110
Hair and beauty 8. NAMES AND ADDRESS President Name	ES OF THE OFFIC	l related serv CERS (*x* BOX FOR ATTAC	VICES CHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Holly Ballou De Street Address 509 Danielson E			Street Address		
City	State	Zip	City	State	Zip
North Scituate	RI	02857	• ·		•
Secretary Name			Treasurer Name		
Same as Preside	ent		Same as Pro	esident	
City	State	Zip	City	State	Zip_, S
9. NAMES AND ADDRESS Director Name	ES OF THE DIRE	CTORS ("X" BOX FOR AT	FACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS 36 B
N/A					
Street Address			Street Address	•	
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City	State	Zip	City	State	Zip :
Director Name			Director Name	•	<u>ವ</u> - ಸ್ಟ್ರೆ
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NO PAR V	ALUE		100	Common	None
This report must be signe	d in ink by eithe	er the President, Vice	President, Secretary, Ass	istant Secretary, Treasu	rer, Receiver or Truste



File Date:	FILED_				
Check No.:	FEB 2	26 2001	. Jr. D		
Ву:	Ву	Jun 25	110-		
FOR SECRETARY O	F 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 Office

Holly Ballou Dexter

Print or Type Name of Officer

President



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 . Letting Fee: \$50.00'

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(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corporati	ion			
59039	AVALON, HA	IIR,-ETC.,-INC			
3. Street Address Principal Business (office.		City	State	Zip
1221 Reservoir	Avenue		Cranston	RI	02920
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 944-4601		RHODE-ISLANI	D		8110
7. Brief Description of the Character					
Hair and beauty	<u>/ salon and</u>	related serv	/ices		
8. NAMES AND ADDRESS	ES OF THE OFFI	CERS (*X* BOX FOR ATTAC	CHMENT) E FILL IN SPACE	S BEFORE USING ATTAC	CHMENTS
President Name			Vice President Name		
Holly Ballou De	exter _		<u> </u>		
Street Address 509 Danielson B	24.1		Street Address		
City					
	State	Zip	City	State	Zip
N. Scituate,	ļ RI	02857	***************************************		
Secretary Name	4		Treasurer Name		
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9. NAMES AND ADDRESS Director Name	ES OF THE DIRE	CTORS ("X" BOX FOR AT	- ·	CES BEFORE USING ATT	ACHMENTS
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This report must be signe	d in ink by eith	er the President, Vice	President, Secretary, As	ssistant Secretary, Treasi	urer, Receiver or Trustee
1 111 11 11 11			Under penalty of	perjury, I declare and affire	n that I have examined
5 * 5	9=0 3.9 *				edules and statements, and
to	16	:		s contained herein are true	
File Date: O = O = C	<u> 20 </u>		Ef137/11	Busker it often	
21.11	α		Signature of Officer	MOTHER STORET	<u> </u>
Check No : 364	7		Signature of Officer		Date
$ \wedge $	$\infty \sim$	1		lou Dexter	
Ву:	11/2	 .	Print or Type Name of	Officer .	
FOR SECRETARY OF STATE USE OF	NLY	ı	President		
		•	Title of Officer		



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

1. Corporate ID No.	2 12-11-17				
	2. Name of Corpora			<u> </u>	
59039		IAIR, ETC., INC.			
3. Street Address Principal Business	• • • • • • • • • • • • • • • • • • • •		City	State	Zip
1221 Reservoir	Avenue		Cranston	RI	02920
4. Business Phone No. 401 944-4601		5. State of Incorporati			6. SIC Code
7. Brief Description of the Characte		RHODE ISL	ANU		8110
Hair and beaut			ruiana		
					•
President Name	SES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE: Vice President Name	S BEFORE USING ATTAC	HMENTS
Holly Ballou D	exter	•	vice Fresident Name		
Street Address			Street Address		·
509 Danielson	Pike		יייייייייייייייייייייייייייייייייייייי		
City	State	Zip	City	State	Zip
N. Scituate	RI	02857	·	, v) ····/
Secretary Name	•••••	······································	Treasurer Name		
Same as President			Same as Pres	ident	•
Street Address	 		Street Address	2001.0	
City	State	Zip	City	State	Zip
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9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) 🕕 FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
N/A Street Address					
Street Mauress			Street Address		
City	State	7/2			
····,	State	Zip	City	State	Zip
Director Name	l		Director Name		l
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Street Address			Street Address	· 	
City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZE	D ("X" BOX FOR ATE	ACHMENT)	II. SHARES ISSUED	(*X* BOX FOR ATTACHMENT) ()
AUTHORIZEI) SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NO PAR VA	ALUF				
	····		100	Common	None
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	Under penalty of perjury, I declare and affirm that I have examined
File Date. JUD 9,99 Check No.: 9049	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of officer Coate
FOR SECRETARY OF STATE USE ONLY	Holly Ballou Dexter Print or Type Name of Officer President 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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

3. Street Address Principal Business Office

59039 AVALON, HAIR, ETC., INC.

1221 Reservoir Avenue

4. Business Phone No.

401-944-4601

RHODE ISLAND

5. State of Incorporation

State

RI

Zip 02920

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

Same as President

N. Scituate

RT

Street Address

City

City

Cranston

Vice President Name

State

Zip

Secretary Name

02857

Treasurer Name

Same as President

Street Address

Street Address

City

City

State

Zip

City

State

Zip

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

Director Name N/A

Street Address

State

Zip

Street Address

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

7.10

City

State

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

210

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUEE) SHARES

Number of Shares

Class/Series

Par Value

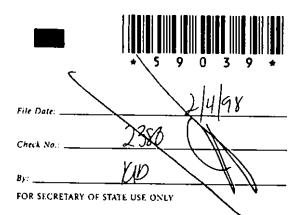
500 SHS NO PAR VALUE

100

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None

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 contaided herein are true and correct.

Holly Ballou Dexter

Print or Type Name of Officer

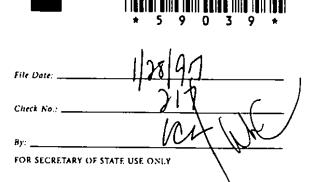
President



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

PROFIT CORPORATION ANNUAL REPORT 1997 Filling Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2 Name of Corporation 59039 AVALON, HAIR, ETC., INC. 3. Street Address Principal Business Office City State Zip 1221 Reservoir Avenue Cranston RI . 02920 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 401-944-4601 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 Vice President Name Holly Ballou Dexter Street Address Street Address 509 Danielson Pike State Zip State 7.10 N. Scituate RI 02857 Secretary Name Treasurer Name Same as President Same as President Street Address Street Address City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Director Name N/A Street Address Street Address City State Zip City Zip State Director Name Director Name Street Address . Street Address City State Zip . City State 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 **500 SHS 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



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 hyrein are true and correct.

Holly Ballou Dexter

Print or Type Name of Officer

President

State of reloce island and providence Plantations

Corporate 1D:

Office of The Secretary of State
100 North Main Street Providence, Rhode Island 02903-1335

401-277-3040

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 1D:		•	Annual Report for the	year: 1996 _	
Business entity organized une	AVALON, HAIR, ETC., INC der the laws of the State of: Rhode d telephone number of principal office:	Island	-	heck one): oration (See RIGL Chapter 7-1.1) rvice Corporation (See RIGL Chapte	r 7-5.1)
Phone. () Address and telephone of the Island (Provide street address 509 Danielson N. Scituate, R	Pike	hode		e character of business conducted in F Pauty salon and related	
phone: ()					
·	THE NA	MES OF TH	IE OFFICERS ARE:		·
PRESIDENT		STREET ADD		CITY/STATE	ZIP CODE
Holly Ballou Dext	<u>er</u>		nielson Pike	N. Scituate, RI	02857
VICEPRESIDENT		STREET ADD	RESS	CITY/STATE	ZIP CODE
SECRETARY		STREET ADD	RESS	CITYA LATE	ZIP CODE
Holly Ballou Dext	o r		nielson Pike	N. Scituate, RI	02857
TREASURER	· · · · · · · · · · · · · · · · · · ·	STREET ADDI		CITYSTATE CITYSTATE	ZIPCODE
Holly Ballou Dexte	er	509 Da	nielson Pike	N. Scituate, RI	02857
	THE NAM		E DIRECTORS ARE:		
Name		STREET ADDI	RESS	CITY/STATE	ZIP CODE
None		STREET ADD	RESS	CITY/STATE	Zir Code
				W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	711 CODE
VAME		STREET ADDI	RESS	CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTH	ORIZED (Rider may be attached)		NUMBER OF SHARES IS	SUED AND OUTSTANDING (Rider ma	y be attached)
Number of Shares	Class / Series		Number of Shares	Class / Series	
500	Common/NA No par value		100	Common/N/A No par value	
Oute August /		By Holly	Ballou Dexter	(w	
orm 31 1/95		Presid	dent	·	
————-	DESIGNATED REGIST	ERED AGE	NT FOR SERVICE O	F PROCESS:	
PLEASE NOTE: If the regist	ered office and/or registered agent in				
	· · · · · · · · · · · · · · · · · · ·			=	

FILED 2: 1955 BY - 9/66569

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: T		VALON, HAIR, ETC., INC.	
Second:		of Rhode Island	
		, is Hair and beauty salon and	
Fourth:		its principal office N/A	
FIFTH: Bu		9 Danielson Pike, P.O. Box 689	
Sixth: Na	mes and addresses of its directors	and officers:	(Attach rider if necessary)
	Director	·	
	Director		
	Director		
Holly Ballou I	Dexter Presiden		
	Vice Pre	sident	
	Dexter Secretary		
Holly Ballou I	Dexter Treasure		
SEVENTH: N	Number of Shares authorized:		Par Value
No of Shares	Class	Series	or statement that shares are without par value
500	Common	FILED	No par value
Еібнти: Nu	imber of Shares issued:	'AUG 2 1 KG	Par Value
No of Shares	Class	BV Sugar Date	or statement that shares are without
100	Common	N/A 106569	No par value
Dated August	19 96	AVALON, HAIR, ETC., INC.	
		Exply Dalla Setter	
(Report r	nust be signed by an officer)	Title President	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL. PROVIDENCE. RHODE ISLAND 02903

Corporate ID	•••••	Annual Report for	the year 1994
		ON. HAIR, ETC., INC.	
	business, briefly stated, is.	Hair and beauty salon	and related services
	orporation, address of its p	rincipal office N/A	
FIFTH: Business addre	ess in Rhode Island 509. p	anielson Pike, P.O. Box	689, N. Scitutuate,
SIXTH: Names and ad	dresses of its directors and	officers:	(Attach rider if necessary)
	Director		
	Director		
· · · · · · · · · · · · · · · · · · ·	Director		
Holly Ballou Dexter		509 Danielson Pike, N	
Holly Ballou Dexter	Secretary		
Holly Ballou Dexter	Treasurer		Scituate, RI 02857
SEVENTH: Number of S	Shares authorized:	Jus. Danielson Pike,N.	. Scituate, Rl. 02857
No of Shares	Class	Series	Par Value or statement that shates are without par value
500	Common	FILED	No par value
Eightin: Number of Sh	ares issued:	AUG ? 1 1993	Par Value or statement that
No of Shares	Class	By Series	shares are without par value
100	Common	N/A /6676	No par value
Dated August /		VAI.ON, HAIR, ETC., INC. Holly Barren Sufter	<u> </u>
(Report must be signed	by an officer) Titl	le President	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL. PROVIDENCE. RHODE ISLAND 02903

Corporate ID			Annual Report for t	he year 1993
First: 1	he name of the corpor	ation isAVA	LON, HAIR, ETC., INC.	
SECOND:	It is incorporated und		Rhode Island	
THIRD: (Hair and beauty salon a	
Fourth:	If foreign corporation	address of its	principal office N/A	
FIFTH: B i			Danielson Pike, P.Q. Box	
Sixth: N	ames and addresses of		d officers:	(Attach rider if necessary)
		Director	·	
***************************************		Director		
***************************************		Director		
. Holly Ballou.	Dexter	President	509 Danielson Pike, N.	
***************************************		Vice Presid	ent	
	Dexter			Scituate, RI 02857
Holly Ballou		Treasurer		Scituate, RI 02857
SEVENTH:	Number of Shares auti	ıorized:	2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Par Value
No of Shares	Class		Series	or statement that shares are without par value
500	Com	mon	N/A	No par value
Еюнти: _N	umber of Shares issued	! :	FILED	Par Value or statement that
No of Shares	Class		AUG 2 1 1996	shares are without par value
100	Com	non	By 166569	No par value
Dated August		96	AVALON, HAIR, ETC., INC.	
		В	Holly Bucen Sixt	<u>u</u>
(Report	must be signed by an office	r) T	itle President	

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		N, HAIR, ETC., INC.	
SECOND: It is income			······································
		Hair and beauty salon	
Fourth: If foreign	corporation, address of its p	rincipal office N/A	
FIFTH: Business add	dress in Rhode Island .509D	anielson Pike, P.O. Box	689, N. Scitutuate,
SIXTH: Names and	addresses of its directors and	officers:	(Attach rider if necessary) g number, street, zip code)
	Director	·	
	Director		
	Director		······································
Holly Ballou Dexter	President		N. Scituate, RI 02857
· ·····	Vice Preside		
Holly Ballou Dexter			N. Scituate, RI 02857
Holly Ballou Dexter	Treasurer		N. Scituate, RI 02857
SEVENTH: Number of	of Shares authorized:	·	Par Value
No of Shares	Class	Seties	or statement that shares are without par value
500	Common	N/A	No par value
Eighth: Number of	Shares issued:	FILED	Par Value or statement that
No of Shares	Class	AUG 2 1 1950	shares are without par value
100	Common	BY_NTA 16656	9 No par value
Dated August /		AVALON, HAIR, ETC., INC.	<u></u>
	В	Tolly Baccon Su	<i>ftee</i>
(Report must be sig	ned by an officer) Ti	lle President	

o 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

orporate 1D	99530;	नो चं 	Annual	Report for	the year.	1991
First:	The name of the co	orporation is				
		d under the laws of	,			
Fourth:	: If foreign corpor	ration, address of its princi	ipal office		•••••••••••••••••••••••••••••••••••••••	
Г ігтн:	Business address in	Rhode Island 301 w				
	•••••••••••••••••••••••••••••••••••••••		•	02403	••••••••••••	······
Ѕіхтн:	Names and address	ses of its directors and offi		Address (includii	ng number, str	(Attach rider if necessary)
****************	l l	Director	• • • • • • • • • • • • • • • • • • • •	7	•••••••••••••••••••••••••••••••••••••••	
tolly BAIL	ON DEXTOR	President Vice President	509.Danie	Ison Pil	Le - Do	Scituation es
······································		Vice President		*************	•••••••	
2	whe	Secretary		**************		
1**1*************		Treasurer	••••			·····
SEVENTH	: Number of Sha	res authorized:				Par Value
No. of Sha	ares	Class	Series	PAII	w.	or statement that shares are without par value
500	÷	COMMONS tock		14W So	1991	N/Ophe Value
_	ria de la companya d La companya de la co	Secretary and the second				
EIGHTH:	Number of Share	es issued:	•	•		Par Value or statement that
No. of Sha	ares	Class	Series			shares are without par value
100		COMMON STOCK.				No for value
ated 26	nuary	10 91	Ochha	Have -	L,	*16.
useuv.	and the same of th	19!.f (Name	of Corporation)	1.4.11.65 yallah	<i>الم مسلس</i> وخ.	/
		Ъу	ably)	Callon	- Hex	ki_
/D	eport must be signed by	an officer) Title	win	dut		