



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. 64855		2. Name of Corporation KALA CORP.			
3. Street Address Principal Business Office 1655 ELMWOOD AVE Bldg 44			City CRANSTON	State R. I	Zip 02910
4. Business Phone No. 401 941 6289		5. State of Incorporation Rhode ISLAND		6. SIC Code 5038	
7. Brief Description of the Character of Business Conducted in Rhode Island Wholesaling TOILETRIES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KATHARINE SMITH			Vice President Name		
Street Address 239 WILBUR AVE			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name			Treasurer Name LANCE GERSHENOFF		
Street Address			Street Address 239 WILBUR AVE		
City	State	Zip	City CRANSTON	State RI	Zip 02921
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
8.000 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

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.

Katharine Smith
Signature of Officer
KATHARINE SMITH
Print or Type Name of Officer
PRESIDENT
Date **5/11/05**
Title of Officer

FILED
File Date **MAY 12 2005**
Check No. **BY MB66684**
By: **MB66684**
FOR SECRETARY OF STATE US 10111



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)

Form with sections: 1. Corporate ID No. 64855, 2. Name of Corporation KALA CORP., 3. Street Address Principal Business Office 1655 ELMWOOD AVENUE, BUILDING 44, 4. Business Phone No. 4019416288, 5. State of Incorporation RHODE ISLAND, 6. SIC Code 3038, 7. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALING TOILETRIES, 8. NAMES AND ADDRESSES OF THE OFFICERS, 9. NAMES AND ADDRESSES OF THE DIRECTORS, 10. SHARES AUTHORIZED, 11. SHARES ISSUED.

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



6 4 8 5 5

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: Katharine F. Brown 12/8/04 Date

Print or Type Name of Officer: KATHARINE SMITH

Title of Officer: PRESIDENT

Stamp area containing: *64855 DBC 12/07/04 07:17:37 PM*, FILED, MAY 12 2005, Check No., BY: Bym, and FOR SECRETARY OF STATE USE ONLY.



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. **64855**
2. Name of Corporation **KALA CORP.**
3. Street Address Principal Business Office
166 Valley Street, 4E
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND**

City **Providence** State **RI** Zip **02909**
6. SIC Code **3038**

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

Wholesale toiletries

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

President Name **Katherine Smith**
Street Address **239 Wilbur Avenue**
City **Cranston** State **RI** Zip **02921**

Vice President Name _____
Street Address _____
City _____ State _____ Zip _____
Treasurer Name **Lance Gershenoff**
Street Address **239 Wilbur Avenue**
City **Cranston** State **RI** Zip **02921**

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

Director Name _____
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	Number of Shares	Class/Series	Par Value
	8,000	NO PAR	VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	NO PAR	NO PAR VALUE

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



* 6 4 8 5 5 *

File Date: 1-13-03
Check No.: 4384
By: 2c

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.

Lance Gershenoff 1/9/03
Signature of Officer _____ Date _____
Lance Gershenoff
Print or Type Name of Officer _____
Treasurer
Title of Officer _____



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. **64855**
2. Name of Corporation **KALA CORP.**
3. Street Address Principal Business Office
166 Valley Street, Bldg. 6, 4E
4. Business Phone No. **401-861-5400**
5. State of Incorporation **RHODE ISLAND**

City **Providence** State **RI** Zip **02909**
6. SIC Code **3038**

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

Wholesaling toiletries

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

President Name **Katherine Smith**
Street Address
239 Wilbur Avenue
City **Cranston** State **RI** Zip **02921**

Vice President Name
Street Address
City State Zip
Treasurer Name **Lance Gershenoff**
Street Address
239 Wilbur Avenue
City **Cranston** State **RI** Zip **02921**

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

Director Name
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
Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NO PAR NO PAR VALUE

RECEIVED
SECRETARY OF STATE
FEB 19 3 25 PM '02

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



* 6 4 8 5 5 *

File Date: **FILED**

Check No.: **FEB 19 2002**

By: **By GWA 201855**

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.

X K.F. Smith 2/14/02
Signature of Officer Date

Print or Type Name of Officer

Pres

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. **64855** 2. Name of Corporation **KALA CORP.**
3. Street Address Principal Business Office **166 Valley Street, Bldg 6, 4E** City **Providence** State **RI** Zip **02909**
4. Business Phone No. **401-861-5400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3038**
7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name Katherine Smith	Vice President Name
Street Address 239 Wilbur Avenue	Street Address
City Cranston State RI Zip 02921	City State Zip
Secretary Name	Treasurer Name Lance Gershenoff
Street Address	Street Address 239 Wilbur Avenue
City State Zip	City Cranston State RI Zip 02921

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
8,000 SHS NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NO PAR NO PAR VALUE

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



* 6 4 8 5 5 *

File Date: 2/20
Check No.: 2952
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: [Signature] Date: _____
Print or Type Name of Officer: Katherine Smith
Title of Officer: President



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. **64855** 2. Name of Corporation **KALA CORP.**
3. Street Address Principal Business Office **5 DIVISION STREET** City **EAST GREENWICH** State **RI** Zip **02818**
4. Business Phone No. **401-885-1172** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3038**

7. Brief Description of the Character of Business Conducted in Rhode Island
IMPORTATION + DISTRIBUTION OF EUROPEAN SOAPS + TOILETRIES

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

President Name KATHARINE SMITH	Vice President Name
Street Address 239 WILBUR AVENUE	Street Address
City CRANSTON State RI Zip 02921	City State Zip
Secretary Name	Treasurer Name LANCE GERSHENOFF
Street Address	Street Address 239 WILBUR AVENUE
City State Zip	City CRANSTON State RI Zip 02921

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
8,000 SHS NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NO PAR NO PAR

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



File Date: **2.28.00**
Check No: **2100**
By: **KS**

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.
K.F. Smith 1/6/2000
Signature of Officer Date
PRESIDENT
Print or Type Name of Officer
KATHARINE SMITH
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. 64855		2. Name of Corporation KALA CORP.	
3. Street Address Principal Business Office 5 DIVISION STREET		City EAST GREENWICH	State R.I.
4. Business Phone No. 401-885-1172		5. State of Incorporation RHODE ISLAND	6. SIC Code 3038
7. Brief Description of the Character of Business Conducted in Rhode Island IMPORTATION + DISTRIBUTION OF EUROPEAN SOAP & TOILETRIES IN THE U.S. GIFT MARKET			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name KATHERINE SMITH		Vice President Name NONE	
Street Address 239 WILBUR AVENUE		Street Address	
City CRAVSTON	State R.I.	Zip 02921	
Secretary Name NONE		Treasurer Name LANCE GERSHENOFF	
Street Address		Street Address 239 WILBUR AVENUE	
City	State	Zip	
			City CRAVSTON State RI Zip 02921
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
8,000 SHS	NO PAR	VAL	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	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



* 6 4 8 5 5 *

File Date: 1-1-99
Check No.: 5386
By: UP

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: Katherine Smith Date: 12/29/98
Print or Type Name of Officer: KATHERINE SMITH
Title of Officer: PRESIDENT

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. **64855** 2. Name of Corporation **KALA CORP.**
3. Street Address Principal Business Office **5 DIVISION STREET** City **EAST GREENWICH, R.I.** State **R.I.** Zip **02818**
4. Business Phone No. **401-885-1172** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3038**

7. Brief Description of the Character of Business Conducted in Rhode Island
IMPORTATION + DISTRIBUTION OF EUROPEAN SOAPS + TOILETRIES IN U.S. GIFT MARKET

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

President Name KATHARINE SMITH	Vice President Name NONE
Street Address 239 WILBUR AVE	Street Address
City CRANSTON State RI Zip 02921	City State Zip
Secretary Name NONE	Treasurer Name LANCE GERSHENOFF
Street Address	Street Address 239 WILBUR AVE.
City State Zip	City CRANSTON State RI Zip 02921

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

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
8,000 SHS NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series 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: **1.1.98**
Check No.: **4476**
By: **UP**

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.
X **Katharine T. Smith** **12/26/97**
Signature of Officer Date
KATHARINE SMITH
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. 64855		2. Name of Corporation KALA CORP.			
3. Street Address Principal Business Office 5 DIVISION STREET BLDG. B			City EAST GREENWICH	State R.I.	Zip 02818
4. Business Phone No. 401-885-1172		5. State of Incorporation RHODE ISLAND		6. SIC Code 3038	
7. Brief Description of the Character of Business Conducted in Rhode Island Importation + Distribution of European Soaps + Toiletries in U.S. gift Market.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Katharine F. Smith			Vice President Name LANCE T. Gershenoff		
Street Address 5 Division St. Bldg. B			Street Address 5 Division St Bldg B		
City East Greenwich	State R.I.	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Lance T. Gershenoff			Treasurer Name Katharine F. Smith		
Street Address 5 Division St. Bldg. B			Street Address 5 Division St. Bldg. B		
City East Greenwich	State R.I.	Zip 02818	City East Greenwich	State R.I.	Zip 02818
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES <input checked="" type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR VAL			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: 2-10-97
Check No.: 3831
By: W.P. NEL
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.

K.F. Smith 1/16/97
Signature of Officer Date
Katharine F. Smith
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. 64855		2. NAME OF CORPORATION KALA CORP.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 5 DIVISION STREET			CITY EAST GREENWICH	STATE R.I.	ZIP CODE 02818
4. BUSINESS PHONE NO. (401) 885-1172		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 8888
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND IMPORTATION + DISTRIBUTION OF EUROPEAN SOAPS + TOILETRIES IN U.S. GIFT MKRT.					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME KATHARINE SMITH			VICE PRESIDENT NAME NONE		
STREET ADDRESS 239 WILBUR AVE.			STREET ADDRESS		
CITY CRANSTON	STATE RI	ZIP CODE 02921	CITY	STATE	ZIP CODE
SECRETARY NAME NONE			TREASURER NAME LANCE GERSHENOFF		
STREET ADDRESS			STREET ADDRESS 239 WILBUR AVE		
CITY	STATE	ZIP CODE	CITY CRANSTON	STATE RI	ZIP CODE 02921
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
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
8,000 SHS	NO PAR VAL		100	No Par	

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

File Date:

9/6/96

Check No:

03617

By:

[Signature]

For Secretary of State Use Only

Signature of Officer

[Signature]

PRESIDENT

Print or Type Name of Officer

Title of Officer

9/3/96

Date

DETACH BOTTOM BEFORE RETURNING

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

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: 0064855 Annual Report for the year: 1995

Name of Corporation: KALA CORP.

Business entity organized under the laws of the State of: RHODE ISLAND Business Entity is (check one):

For foreign entity, address and telephone number of principal office: _____
 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):

NO. 5 DIVISION ST. BLDG. A
EAST GREENWICH, R.I. 02818

Phone: 401 885-1172

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

IMPORTATION AND DISTRIBUTION
OF EUROPEAN SOAPS + TOILETRIES
IN U.S. GIFT MARKET.

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

KATHARINE F. SMITH NO. 5 DIVISION ST. EAST GREENWICH RI 02818

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

LANCE T. GERSHENOFF NO. 5 DIVISION ST. EAST GREENWICH R.I. 02818

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

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

8000 Shares No Par Value 8000 No Par

100

Date: January 11 19 95 By: Katharine F. Smith

PRINT OR TYPE NAME OF OFFICER SIGNING: KATHARINE F. SMITH

TITLE OF OFFICER SIGNING: PRESIDENT

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.

KATHARINE SMITH
 5 DIVISION STREET, BUILDING A
 EAST GREENWICH RI 02818

FILED

MAR 29 1995

By MAM 02834

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
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

File Annually
LLC Sept 1 - Nov 1
CORP Jan 1 - March 1

Corporate ID: 0064855 Annual Report for the year: 1994

Name of Business Entity: KALA CORP.

Business entity organized under the laws of the State of R. I.

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: 401 885 1172

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

5 DIVISION ST BUILDING "A"

EAST GREENWICH, RI 02818

401 885 1172

Phone: 401 885 1172

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:

Lance Gershenoff (treasurer)

Kala Corp

5 DIVISION ST

EAST GREENWICH, RI 02818

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

Kala Corp imports fine personal

care products & markets them in the

U.S.

Date of Organization: June 27th 1991

Date of Qualification to do business in Rhode Island (if foreign entity): 27th

THE NAMES OF THE OFFICERS ARE:

PRESIDENT (TYPE OR PRINT) REGISTERED AGENT SECRETARY (TYPE OR PRINT) TREASURER (TYPE OR PRINT)

Katharine E. Smith 239 Wilbur Ave, Cranston, RI 02920

PRESIDENT (TYPE OR PRINT) REGISTERED AGENT SECRETARY (TYPE OR PRINT) TREASURER (TYPE OR PRINT)

PRESIDENT (TYPE OR PRINT) REGISTERED AGENT SECRETARY (TYPE OR PRINT) TREASURER (TYPE OR PRINT)

CHIEF FINANCIAL OFFICER (TYPE OR PRINT) TREASURER (TYPE OR PRINT)

Lance Gershenoff 239 Wilbur Ave, Cranston, RI 02920

THE NAMES OF THE DIRECTORS ARE:

NAME: _____ STREET ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

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 8,000

NUMBER 100

CLASS: _____

CLASS: _____

SERIES: _____

SERIES: _____

PAR VALUE OR WITHOUT PAR: no par

PAR VALUE OR WITHOUT PAR: no par

Date: 4/20/94

By: Lance Gershenoff

Lance Gershenoff

Treasurer

TITLE OF OFFICER/AGENT:

FILED
APR 26 1994
By [Signature] # 2502

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

KATHARINE SMITH
239 WILBUR AVENUE
CRANSTON RI 02920

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

Corporate ID 0064855 Annual Report for the year 1993

FIRST: The name of the corporation is KACA CORP

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Importing

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 5 DIVISION ST
E. GREENWICH, RI 02818

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

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

Director

Director

Director

Katharine Smith President 239 WILBUR AVE CRANSTON 02920

Vice President

Secretary

Lance Gershenoff Treasurer 239 WILBUR AVE CRANSTON 02920

SEVENTH: Number of Shares authorized:

No of Shares

Class

Series

Par Value
or statement that
shares are without
par value

8000

no par value

FILED

DEC 2 1993

EIGHTH: Number of Shares issued:

No of Shares

Class

Series

Par Value
or statement that
shares are without
par value

By AMTH 29

159

Dated 12/23 1993

KACA CORP
(Name of Corporation)

By Lance Gershenoff

Title Treasurer

(Report must be signed by an officer)

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

Corporate ID 0064855 Annual Report for the year 92

FIRST: The name of the corporation is KALA CORP

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is IMPORTING

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 239 WILBUR AVE
CRAWSTON, RI 02920

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

Name	Office	Address (including number, street, zip code)
<u>Katharine Smith</u>	Director	<u>239 WILBUR AVE CRAWSTON RI</u>
<u>Lance Gershenoff</u>	Director	<u>239 WILBUR AVE CRAWSTON RI</u>
<u>Katharine Smith</u>	President	
	Vice President	
	Secretary	
<u>Lance Gershenoff</u>	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>			

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>			

Rec'd & Filed DEC 30 1992
PL#14 CK#2019

Dated 12/30 1992

Kala Corp
(Name of Corporation)

By Lance Gershenoff

Title Treas / Dir

(Report must be signed by an officer)