

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

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

401.222,3010

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE VEAR

(FORM_MUST BE TYPED C 1. Corporate ID No.			·-		
16258	2 Name of Corpo	SOLES, INC.			
3 Since Address Principal B			NEWPORT	State RT	24p 07840
4. Business Phone No.		5 State of Incorporat	tion		6. SIC Code
346 - 81		RHODE ISLA	ND		3756
RETAIL SHOES	buractor of Business Conduct	ra in komae isaina			
8. NAMES AND ADDR	RESSES OF THE OFFIC	ERS: ("X" BOX FOR A	ITTACHMENT)	SPACES BEFORE USIN	NG ATTACHMENTS
President Name MREIC 5.	BARLOW		vice President Name ELAINE BA	9R Luiser	
Street Address	· · · · · · · · · · · · · · · · · · ·		ELAINE BA SIRVI Address 18 HAZARO		
18 HAZARA	55.		18 HAZARO	577	
Street Address 8 HAZARA City NEWPORT	State PL	X10 07840	Cuy NEWPORT	State	24, 03F40
actual mine	,	••••••••••••	Treasurer Name		······································
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City	State	Zip	City	State	Z.lp
		1		_ _	
	RESSES OF THE DIREC	TORS: ("X" BOX FOR	_	N SPACES BEFORE US	SING ATTACHMENTS
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City	State	Zip	City	State	Zip
Urvetar Name		J	Director Name		
ALCENTATION		•	Director Name		
Street Address			Street Address		
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10. SHARES AUTHOR	 HZED <i>("X" BOX FOR</i>	 ATTACHMENT) □	11. SHARES ISSUED ("X" BOX FOR ATTAC	HMENT) □
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<u> </u>	<u>-</u>		NONE		
This report mu	ust be signed in ink by	either the President. Vi	ce President, Secretary, Assista	nt Secretary Treasurer	Receiver or Trustee
		,			
		B	Under penalty of perj	jury, I declare and affirm	that I have examined this n
	<u></u>		including any accom	panying schedules and st	atements, and that all state
	0 00	_	contained herein are	true and correct.	2/1-
File DateC	2.22.05 2345C		MOLS. Signature of Officer MALKS	1) arlen	2/16/05
Check Mr.	23450	0	Signature of Officer		Date
Check No.			MARKS,	BARLOW	

Print or Type Name of Officer



FOR SECRETARY OF STATE USE ONLY GAM

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

r inng r erma. January 1 (FORM MUST BE TYPED IN:		ming ree: \$30.00			
1. Corporate ID No.	2. Name of Corpe				
16258		SOLES, INC.			
3. Street Address Principal Bus	iness Office		City	State	Zip
18 HAZARD STREET			NEWPORT	RI	02840
4. Business Phone No.		5. State of Incorpor			6. SIC Cork
4018468133		RHODE ISLA	ND		3756
7. Brief Description of the Cha. RETAIL SHOES	racter of Business Coi	nducted in Rhode Island			
3. SAARS AND ADDRESS	stizion date or	PUCKARO POR AREA ARE	Tice President Name	Mar automati yang a	ens a ma r de l'
MARK S BARLOW			ELAINE	F. BARLUN	
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address		
18 hazard st			SAME		
Ciţy	State	Zip	Ciù.	State	Zip
NEWPORT	RI	02840]
Secretary Name			Treasurer Name		
SAME			. SAME		
Street Address			* Stryet Address		
City	State	Zip	*Cin	State	Zip
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Sirvet Address			Street Address		
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Director Name			Director Name		
Street Address			Street Address		
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1 6 2	> 6			rjury, I declare and affirm g any accompanying sche	
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*16258 DBC 104 5/04	62-59 9 PM		A. //		4 / /
File Date	· ·	_	Mark	S. Barbon	10/8/04
Check No. OCT 1	8 2007		Signature of Officer		Date
Check No. UG1 1	U 4001	-	MARE S. Print or Type Name of	BARLOW	
Bv 🏠	(471010-	اد	Print or Type Name o	f Officer	
<i>5</i> , - 7 1 1	· · · · · · · · · · · · · · · · · · ·		PRESIDEN	T	

Tale of Officer

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

2. Name of Corporat HEAVENLY S re		·		
	ROLES INC			
re	, occo, 1110.		_	
		City	State	Zip A 3404
.		NEWPORT	RI	489
S	5. State of incorporation			6. SIC Code
(instruess Conducted to	RHODE ISLAND Rhode Island)		3756
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OF THE OFFI	CERS ("X" BOX FOR ATTAC	Vice President Name	•	CHMENIS
/		Street Addiess	BALLOR	
		18 HAZARO	ST.	
State	7.10 7.3. 940	City	State RR	Zip OZOGO
142		Treusurer Name		**********
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	* 1 6 2 5 8 *
File Date:	2/13/03
Check No.:	2/727
By:	84
· 	DE 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

MARK S. BARLOW Print or Type Name of Officer

Title of Officer

~> 5

Ferm 630 12/02



(FORM MUST BE TYPED IN BLACK)

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 630 12/01

1. Corporate ID No.	2. Name of Corporation	-			
16258	HEAVENLY SOI	LES, INC.			
3. Street Address Principal Business	 	·	City	State	Zip
131 SWINBURNS 4. Business Phone No.	e fou	5. State of Incorporation RHODE ISLAND	NEMPURT	RI	6. SIC Code 3756
7. Brief Description of the Character	of Business Conducted in Rh				
RETAIL STOR	SALES				
8. NAMES AND ADDRES		RS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES BE	FORE USING ATTACHM	ENTS
President Name			Vice President Name	_ ^	
MARK S. B.	ARLOW		Street Address	E. BARLUN	
18 HAZARD	51		Same		
City	State	Zip	City	State	Zip
NEWPURI	CI	02840	g	-••	
Secretary Name	A		Treasurer Name	- 0	
MARK S.	13 DELVE		Street Address	- BARUW	
			•		
City	State	Zip	Clly	State	Zip
9. NAMES AND ADDRESS	n i i nilwan	TIDE (eve may gan agree)	Only constants Last 150 CDA CUC E	PEODE HEIST ATTACH	NA L'AFINE
Director Name	in trada	ORS (*X* BOX FOR ATTAC	Director Name	EFORE USING ATTACH	MENTS
SAME			,,		
Street Address			Street Address		
Chy	State	Zip	Chy	State	Zip
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Director Nume			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZE	ं स्त्र	MENT) 1	11. SHARES ISSUED (*X*)	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES	 		ISSUJED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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inis report must be signe	ea in ink by either	the President, Vice Pi 	resident, Secretary, Assista	nt Secretary, Treasurer,	Receiver or Trustee
		1			
	1 31010 71110 11061 01161 1811 100				
*	1 6 2 5 8 *		Under penalty of perjur	y, I declare and affirm tha	t I have examined

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date: . Signature of Officer Check No.: FOR SECRETARY OF STATE USE ONLY Title of Officer **∢**∰ 5

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 1D No.

2. Name of Corporation

16258

HEAVENLY SOLES, INC.

3.	Street	Address	Principal	Husiness	Office
		_	_		

131 SWINBURNE ROW

5. State of Incorporation RHODE ISLAND

401 846 -0067 7. Bilef Description of the Character of Business Conducted in Rhode Island

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8. NAMES AND ADD	DRESSES OF THE OFFIC	CE RS (*x* box for atta	CHMENT) FILL IN S	SPACES BEFORE USING AT	IACHMEN 18
President Name			Vice President Name	<i>-</i> , , , , , , , , , , , , , , , , , , ,	
MARK Street Address	BARLOW		Street Address	ELAINE BORK	Low
If HOZA	no st			SOME	Zip
NEWPORT Secretary Name		202840	City Treasurer Name	state	χιp
Street Address	BARLOW		Street Address	BLAIME BA	newa
	SANA			SAME	
Chy	State	Zip	Clty	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT) FILL IN SPACES F

Director Name Director Name Street Address Street Address

State City

Zip

State

Zip

Director Name

Director Name

Street Address

Street Address

City

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

ALITHORIZED SHARES

File Date: .

Number of Shares

Cluss/Series

Zip

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

2000 NO PAR VAL

NONE

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



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.

Mall Balor	2/20/01	
Signature of Officer	Date	

MARK	S. Baccon	

Title of Officer

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

401-222-3040

ORM MUST BE TYPED IN BLAC	(K)				
Corporate ID No.	2. Name of Corpor	ation ———————	<u> </u>	- -	
16258	HEAVENLY	SOLES, INC.			
Street Address Principal Business (Office		City	State	Zip
Rusiness Phone No. 401) 5446 5133 Billet Description of the Character	of Business Conducted	5. State of Incorporate RHODE ISLA			6. <u>SIC</u> Code 3756
RETAIL JH NAMES AND ADDRESS	ES OF THE OFF	TCERS (*x* box för at	Vice President Name	S BEPORE USING ATTA	
	BARLOW		ELAIN	K & BARL	ow
18 HAZARO	SIT	Zip	· city	State	Zip
NBWP ORT	RI	02840	· Treasurer Name	• •	
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y	State	Zip	City	State	Zip
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File Date:	MAR 0 2 2020 (88)
Check No.:	SEC'Y OF STATE
Ву:	
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.

mals.	Balon	2/20/00
Signature of Officer	Dai	le

MARK	S.	Boken
cint or Type Name of O	ffice.	 -

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

FOR SECRETARY OF STATE USE ONLY

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

401-222-3040

(FORM MUST BE TYPED IN BLA	ACK)				
1. Corporate ID No.	2. Name of Corpora			-	-
16258		SOLES, INC.		_	
3. Street Address Principal Business	о ОПісе		City	State	Zip
4. Business Phone No.		5. State of Incorporation RHODE ISLA			6. SIC Code 3756
7. Brief Description of the Characte RETAIL	· ·	in Rhode Island			
8. NAMES AND ADDRES	- •	ICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name	_		Vice President Name		
Street Address	. BARLOW		Street Address	INE E. BI TME	ARLOW
18 HAZAR	D ST.	·•.	\mathcal{J}_{h}^{n}	tme.	41.
CHY 18 HAZAR	State	21p 21 224 0	City ;	State	Zip
Secretary Name	Jet-	00070	Ticasurer Name	•	••
mase	S. G	BARLOW	Street Address	tive E. BA nE	RLow
Street Address SAM	6		CA	n E	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES		ECTORS (*x* box for at	TACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
Street Address			Street Address		
City	State	Zip	Cny	State	Zip
Director Name			Director Name	•	
Street Address			Street Address		
City	State	Zip	Clly	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUET	O (*X* BOX FOR ATTAČHME)	NT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000 NO PAR VAL		NONE	. NONE		
	•			· - -	
This report must be sign	ecd in ink by citl	her the President, Vice	2 President, Secretary, A	ssistant Secretary, Trea	surer, Receiver o
4 18 8 18		LECT 1881			

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and Signature of Officer Check No.: . MARK

Tille of Officer

Trustee



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

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 #EAVENLY SOLES, INC.
3. Street Address Principal Business Office SWINBURNE ROW 5. State of incorporation 3756 RHODE ISLAND 7. Brief Description of the Character of Rusiness Conducted in Rhode Island RETAIL SHUES 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) Street Address Zip City ZIP 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Olrector Name Street Address Street Address City State ZIp City State Zip Director Name Director Name Street Address Street Address City State 2.0 ZIp City State 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Number of Shates Class/Series Par Value 2000 NO PAR VAL 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. FOR SECRETARY OF STATE USE ONLY 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 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 16258 HEAVENLY SOLES, INC. 3. Street Address Principal Business Office CWINBURNE RHODE ISLAND 3756 Character of Business Conducted in Rhode Island RETAIL SHOES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) . Vice President Name BARLOW MARKS Street Address City Treasurer Name City 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State City State Zip Director Name Director Name Street Address Street Address City State 7.1p City State Zip 10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES LSSUED SHARES Number of Shares Par Volue Number of Shares Class/Series Par Value Class/Seiles NONIS_ NONE-2000 NO PAR VAL

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

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File Date:	2.26.97
Check No.:	15549
Ву:	11P/896
FOR SECRETARY	OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Stepatitus of Officer

Print or Type Name of Officer

Parish.

Title of Officer

Under penalty of perjury, I declare and affirm that I have examined

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

Ву:

For Secretary of State Use Only

Filing Fee: \$50.00 1		PLEASE TYPE OR PR	INT IN RI ACK INK		
1. CORPORATE ID NO.	2. NAME OF CORPORATION		- The best of the second secon	 	······································
16258		Y SOLES, INC.			
3. STREET ADDRESS PREACEPAL BUSI			אוט	STATE	3:7 (2/ 6
13/5	WINBURNE,	20W	NEUPIPS	RI	03890
(401) 846	OO67	RHODE ISL			3756
1	CIER OF BUSINESS CONDUCTED BY RYDDE ISU. L SHOES	w.5			-
			SSES OF THE OF	FICERS	
MARK	S. BARLOW		WICE PRESIDENT NAME FILE IN	E E. Br.	RLON
i . –			STREET ADDRESS SAM	٤	
	ZARD ST - STATE RP	02840	CITY	STATE	27° C00€
STREET ADDRESS	CKS. BA	RLIW	TREASURER HAME	INE E. F	BARLOW
CITY	SAME			SAME	
		ZIP CODE	àir	SJATE	7IP C0:0E
DIRECTOR NAME	M A N . P	ES AND ADDRE	SSES OF THE DI	RECTORS	
STREET ADDRESS			STREET ADORESS		-
an	STATE	7P CODE	ату	STATE	ZτP C00E
DIRECTOR NAME		· · · · · · · · · · · · · · · · · · ·	DIRECTOR NAME	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			STREET ADDRESS	 	· · · · · · · · · · · · · · · · · · ·
aty	STATE	ZIP CODE	αιΫ	STATE	ZP CCOE
	10. SH	ARES AUTHORI	ZED AND ISSUED		
NUMBER OF SHARES	AUTHORIZED SHARES CLASS/SERES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES CLASS/SERIES	PAR VALUE
2000 NO		NONE	NONE		
	· · · · ·		/		
	This President, Vice Presider		ED IN INK by either the nt Secretary, Treasurer,		
<u></u>		-	Under penalty of report, including all statements co	perjury, I declare and a any accompanying sche intained herein are true a	firm that I have examined this dules and statements, and that or correct.
File Date:	2/28/96		Signature of Office	elisti Ka	-Gr
Check No:	2/28/96 4362		MARK	- S. BA	clou

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.

0016258			199	5	
Corporate ID:	Annua	al Report for the y	/eart		
HEAVENLY SOLES	, INC.				
Name of Corporation:	_				
Business entity organized under the laws of the State of:	E B	usiness Entity is (cl	neck one):		
For foreign entity, address and telephone number of principal office	: [t	Business Corpo	ration (See RIGL Ch	apter 7-1.1)	
]	J Professional Se	rvice Corporation (Se	ee RIGL Chapter 7-5.1)
•					
	В			ss conducted in Rhode	Island:
Phone: (40L) \$46 \$133 COFFICE)		RATAIL	SHORS		
Address and telephone of the principal office of business entity in R	Rhode				
Island (Provide street address - Not P.O. Box):					
131 SWINBHENE ROW NEWPORT RE OJEYO					
NEWPORT RE OJAGO					
A. (
Phone: (401) 846-0067 (STORK)					
PRESIDENT THE NA	STREET ADDRESS	FICERS ARE:	CITY/STATE		ZIP CODE
				PI O	
MARK S BARLOW	STREET ADDRESS	rey) SI-	VENTOST CITYSTATE	P= 0	ZIP CODE
VICE PRESIDENT ELAINE E BARLOW SECRETARY	/(/1		
SECRETARY	STREET ADDRESS		CLEY/STATE		ZJP CODE
MARK J. BARLUN	/1		人		
TREASURER	STREET ADDRESS		CITY/STATE		ZiP CODE
- FLAINE E BAZLON	71		1,		
	MES OF THE DIR	ECTORS ARE:			
NAME	STREET ADDRESS		CHY/STATE		ZIP CODE
AS ABOVE					
NAME	STREET ADDRESS		CITY/STATE		ZIP CODE
NAME	STREET ADDRESS		CITY/STATE		XIII CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NIM	RED OF SHARES IS	SHED AND OUTSTA	NDING (Rider may be at	tached)
		— JIIAKES K	OCCUPAND OCTOR	(Ruci may to at	
Number of Shares Class / Series	Num	ber of Shares	Class / Series		
2-000 CUMMON	.	E 660		jugosta	
0)	÷	1100	_		
	i	NONE	-		
	i	·			
			· · ·		
Date	/2	2-11	· 12-1	, _	
Date	By:	Can U	Some Supplemental	PAN	
	PRINT OR TYPE NAME	LOF OFFICER SIGNING	MARK U.	BARLOW	
Form 31 1/95	TITLE OF OFFICER SK	BNING	PRESIDEN	VĪ	·-
DESIGNATED REGIST	TERED AGENT F	OR SERVICE C			
PLEASE NOTE: If the registered office and/or registered agent in					
	maraneo metom in ilico	OOCG FORIT 7 HIUNE	oc med.		

MARK 5. BARLOW 20 HAZARD STREET NEWPORT RI 02840

FILED

FEB 27 1995

By 10x 13220

Filing Fee \$50.00 Payable to Secretary of State

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 Mam Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID.	0016258	An	nual Report for the y	eu .	1994
Name of Business Entit	ly*	н	EAVENLY SOLE	E5, INC.	
Business untity organized :	inder the laws of the State of	TODE ISLAND	Business Entity is (ch		
Federal Taxpayer Identifies					RIGL Chapter 7-1-1) ration (See RIGL Chapter 7-5-1)
For foreign entity, address	and telephone number of principal			Liability Company	(See RIGL 7-16)
			communications may		(PRESIDENT)
Phone ()			POBOX 350	6 <u>4</u> _R== 0389	
· · · ·	be principal office of business entit	y in Rhede			
Island (Provide street ashire			Bood statement of the		ness conducted in Rhode Island
NEWPORT	•	•	retail :	<u> </u>	
10 201 02 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date of Organization	6/1/84	Ca
Phone (401) 846	. 8133	· ! !	,	, ,	Rhode Island (if Toreign entity)
<u>Пошитхисличной каж</u>	# TH # FRESIDENT (Oreas See)	ENAMES OF THE SHOOT ADDRESS	OFFICERS <u>ARE:</u> S	0.0247	V 5.CO
Circl off sat scrotter of	RKJ. BARLOW	DO HAZARI	ST. 1	EMPORT RE	C 03840
() cus consolar outen	LAINE E BARL	ا معاداً (Stije C Abase s		Z C D KIATI	Zircon
☐ CIC : LNANCALOH (LN	ARKS BARLOW	SIRIT CARTER S		COME.	. — Nileta.
	THE	NAMES OF THE I	DIRECTORS ARE:		·
, SA	ME	NIKET(FAULRUS	•	HASAII	Zurchi
N330.		<u>र्शसम्बद्धाः स्थानस्य स</u>		CP YNIAH.	У ((и
NAME		Statul A diad s	; ————	ema <u>van</u>	Zii COl
NUMBER OF SHARES	AUTHORIZED (II Applicable)		UMBER OF SHARES	 S ISSUED AND O	UTSTANDING (If Applicable)
NUMBER 2	7000	 : N	UMBER 5	500	 .
CLASS	LUMMEN	c	LASS C	OMMUN	
SERIES			ERIFS		
PAR VALUE OR WITHOUT PAR	NONE.	P W	AR VALUE OR ATTHOUT PAR	N: NE	·-····································
Date	NONE 2/17 19 94	Ву:	Mals	Bolo	, n/
		PRINT CR.INTELS	PRESIDENT	BARLIN	
		finale o na i	RESIDENCE		
ferm 31 1/94					
	DESIGNATED REGISTER	<u>r</u> ed or reside <u>nt</u>	<u>lagent for</u> sei	RVI <u>CE OF PRO</u>)UESS:

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.

FILED

MAR 5 1 :50%

By 10659 12009

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	0016258	Annual Report for th	e year 1992
First: The name of	the corporation is	HEAVENLY SOLES	I, INC.
SECOND: It is incorp	porated under the laws of		
THIRD: Character o	f business, briefly stated, is	RETAIL SHO	KES .
FOURTH: If foreign	corporation, address of its pr	incipal office	
FIFTH: Business add	Iress in Rhode Island	20 HAZARU ST	· , NEWPORT PET ODDYO
SIXTH: Names and	addresses of its directors and		(Attach rider if necessary)
	Director		
	Director Director		
MARKS BA		20 HAZAR	OST. NEWPOTRE
ELAINE E. B.	ARLOW Vice Preside	14	, 0287
MARKS. BI)	
ELAINE E.	BARLOW Treasurer	72	
SEVENTH: Number	of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class Common	Series	par value
2,000	COMMU	PAID	NONE
Eighth: Number o	f Shares issued:	FEB 2 8 1992	Par Value or statement that
No. of Shares	Class	SEC'Y OF STATE	shares are without par value
500	COMMON		NOWE
Dated 2/26/	1992	HEAVENLY SOLE	if INC
	(HEAVENCY SOLE Name of Corporation) y Mash S &	2 Com
(Report must be s		itle Prendont	

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018258	Annual Report for the year
FIRST: The name of the corporation is	HEAVENLY BRILES, INC.
SECOND: It is incorporated under the laws of	PHOOE ISLAND
THIRD: Character of business, briefly stated, is	RETAIL SHUES
FOURTH: If foreign corporation, address of its p	orincipal office
FIFTH: Business address in Rhode Island	227 GODOARO ROW POFT RIT 02840
SIXTH: Names and addresses of its directors and	
MACES BACKOW Director	
ELANNE E. BARLOW Director	
MARK 5 BARLOW Director	
	18 HAZARD ST. NEWBET REDUK
ELAINE B. BARLOW Vice Presid	
MARK S. BARLOW Secretary	9
BLAINE E BARLOW Treasurer	h Ic
SEVENTH: Number of Shares authorized:	Par Value or statement that shares are without
No. of Shares Class	Series par value
2000 COMMIN	
EIGHTH: Number of Shares issued:	Series PAID Series PAID Series PAID Series PAID Series PAID Series PAID Par Value or statement that shares are without par value
No. of Shares Class	•
500 Common	0
Dated 3/1 19 9/	HEAVENLY SOLES INC. (Name of Corporation) By MALS-Balow
	By Mark S. Barlow

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0016258		Annual	Report for the ye	ear 1990
First: The nai	ne of the corporation	n is	HEAVENLY	SOLES, INC	<u>:</u>
SECOND: It is i	ncorporated under the ter of business, brief	he laws of	RHODE	ISLAND L SHOE	-S
FOURTH: If for	eign corporation, ad	dress of its pri	ncipal office		
FIFTH: Busines	s address in Rhode I	sland 20	HAZA	RD ST.,	NEWPORT RECORD
SIXTH: Names	and addresses of its	directors and o	officers:	Address (including numb	(Attach rider if necessary)
MARK 5.	BARLOW	Director	کو	HAZAR	D ST. NEWARTAT
ELAINE E	BARLOW	. Director	4241148184848484848484	l.	<i></i>
MARK 5.	BARLOW	. Director			
BLAINE B	BARLOW	President	***	и	
•		. Vice Presiden	ı t		
		. Secretary			
		. Treasurer			
Seventh: Nun	nber of Shares autho				Par Value or statement that shares are without
No. of Shares ついいし	Class		PAID		par value NONE
01			FFR 2 3 10°		1404.2
Eіднтн: Numl	ber of Shares issued:	Ş	SEC'Y. OF S	TATE:	Par Value or statement that shares are without
No of Shares	Class		Series		par value No NB
Dated 2/20	19 .	(N	lame of Corporation)	LY SOLES	
(Report mu	st be signed by an officer		_	LS. E	Scrlan

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	15258	Annual Re	port for the y	ear 1988
FIRST: The name	of the corporation is	HEAVENLY SO	LESINC.	
SECOND: It is inc	orporated under the laws of			
THIRD: Character	r of business, briefly stated, is	RETAIL	SHUES	
FOURTH: If foreign	gn corporation, address of its	principal office	V/A	
FIFTH: Business a	address in Rhode Island	ДО НАЗАР	p 57.	NEWPORT, PI. S
	nd addresses of its directors ar		ees (including num	(Attach rider if necessary
Name	Director	Aug	ess (including num	oer, sireer, zip code)
	Director			
	Director			
MARK S	_	20 HA	ZARD S	T. NEMPER, RIO
# .5 . 6 / . 17	earth Tresident			/1
FLAINE E.	RARLOW Vice Presi	dent		
ELAINE E.	0.00	dent	······································	
MARK S.	BARLOW Secretary		······································	
MARK S. ELAINE E.	BAPLOW Secretary BAPLOW Treasurer	/,	• • • • • • • • • • • • • • • • • • • •	//
MARK S. ELAINE E.	BARLOW Secretary	/,	• • • • • • • • • • • • • • • • • • • •	
MARK S. ELATINE E. SEVENTH: Number	BAPLOW Secretary BAPLOW Treasurer er of Shares authorized: Class	/,	• • • • • • • • • • • • • • • • • • • •	Par Value or statement that
MARK S. ELAINE E. SEVENTH: Number	BAPLOW Secretary BAPLOW Treasurer er of Shares authorized:	/,	• • • • • • • • • • • • • • • • • • • •	Par Value or statement that shares are without par value
MARK S. ELATINE E. SEVENTH: Number No. of Shares 2,000	BAPLOW Secretary BAPLOW Treasurer er of Shares authorized: Class	/,	• • • • • • • • • • • • • • • • • • • •	Par Value or statement that shares are without par value NONE
MARK S. ELAINE E. SEVENTH: Number No. of Shares 2,000 EIGHTH: Number	BAPLOW Secretary BAPLOW Treasurer er of Shares authorized: Class Common	/,	• • • • • • • • • • • • • • • • • • • •	Par Value or statement that shares are without par value NONE Par Value or statement that shares are without
MARK S. ELAINEE. SEVENTH: Number No. of Shares 2,000	BARLOW Secretary BARLOW Treasurer er of Shares authorized: Class Common	Senes (A) (B) (C) (C) (C) (C) (C) (C)	• • • • • • • • • • • • • • • • • • • •	Par Value or statement that shares are without par value NONE Par Value or statement that
MARK S. ELAINE E. SEVENTH: Number No. of Shares No. of Shares	BAPLOW Secretary BAPLOW Treasurer er of Shares authorized: Class Common r of Shares issued: Class	Series PAID Series SECY OF Since		Par Value or statement that shares are without par value NONE Par Value or statement that shares are without par value NONE
MARK S. ELAINE E. SEVENTH: Number No. of Shares No. of Shares	BAPLOW Secretary BAPLOW Treasurer er of Shares authorized: Class Common Class Common	Series PAID Series SECY OF Since		Par Value or statement that shares are without par value NONE Par Value or statement that shares are without par value NONE
MARK S. ECATINE E. SEVENTH: Number No. of Shares 2,000 EIGHTH: Number No. of Shares 500	BAPLOW Secretary BAPLOW Treasurer er of Shares authorized: Class Common Class Common	/,		Par Value or statement that shares are without par value NONE Par Value or statement that shares are without par value NONE

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1425	<u> </u>	Annual Report for t	he year19	
FIRST: The name of	the corporation is	HEAVEALY SULES,	1804	
Second: It is incorp	porated under the laws o	f Sho	de lelond	
THIRD: Character o	f business, briefly stated,	is retail shoes		
FOURTH: If foreign	corporation, address of i	ts principal office		
Fifth: Business add	lress in Rhode Island	20 Hazard Street, Newport	;, RI 02840	
SIXTH: Names and addresses of its directors and officers: Name Office			S: (Attach rider if necessary) Address (including number, street, zip code)	
	Director			
	Director			
	Director			
Mark S. Barlow	Presiden	t 20 Hazard Street, Ne	ewport, RI 02840	
Elaine E. Barlow	Vice Pre	esident 20 Hazard Street, Ne	ewport, RI 02840	
Mark S. Barlow	Secretar	y 20 Hazard Street, Ne	ewport, RI 02840	
Elaine E. Barlow	Treasure	er20hazard_Street.Ne	ewport, RI 02840	
SEVENTH: Number of	of Shares authorized:		Par Value or statement that shares are without	
No. of Shares 2, 000	Class common	Series	par value none	
2,000	55.057	PAID		
EIGHTH: Number of	f Shares issued:	MAK U 2 1988	Par Value	
No. of Share's	Class	SEC'Y OF STATE	or statement that shares are without par value	
500	common		none	
DatedFebruary23	1988	HEAVENLY SO (Name of Corporation) By Mark S. Title PRESIDENT	Berlon	
(Report must be si	igned by an officer)	Title PRESIDENT		

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID16258		Annual Report for the y	ear1987
FIRST: The name of the	corporation isHEAVENLY	SOLES, INC.	
	ited under the laws of		
THIRD: Character of bu	siness, briefly stated, is	RETAIL - SHOT-	5
FOURTH: If foreign corp	poration, address of its princip	pal office N/A	
	in Rhode Island		
NEWPO	RT, RT. 02-8	40	
SIXTH: Names and add	resses of its directors and office	CETS: Address (including numb	(Attach rider if necessary) per, street, zip code)
	Director		
	Director		
	Director		
MARK S. BARL	vw President	18 HAZARO S	TI NEWPORT RE
ELAINS E BAR	Low Vice President	. 3	19 000 7
MBEK S BAK	こといい Secretary	J1	47
ELDINE E. BA	アンパー Treasurer		2.1
	hares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value No Por Volue
2,000		PAID	No you don't
EIGHTH: Number of Sh	aree issued:	MAR 06 198	Par Value
EIGHTH. Number of Si		SEC'Y. OF STA	or statement that shares are without
No. of Shares	Class	Series	par value No Peru Volve
, 00			No Par Volo
Dated $2/27$	1987	HEAUENLY SO	ILES, INC.
/		of Corporation)	Ril
	Ву	111 as	e arem
(Report must be signe	d by an officer) Title	Tresdans	••••••

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

orporate ID 168	258	Annual Report for the year	86
First: The name	of the corporation is HEA	WENLY SOLES, J	
SECOND: It is inc	orporated under the laws of	PHODE ISLAND	
THIRD: Character	r of business, briefly stated, is	RETAIL SHOE	5
FOURTH: If foreig	gn corporation, address of its princ	cipal office	
Fifth: Business a	iddress in Rhode Island		······································
	NEU	PORT, RI 0084	70
SIXTH: Names an	ed addresses of its directors and off	ficers: Address (including number, ste	(Attach rider if necessary)
	Director		
	Director		
••••••••••••	Director		
MARK S	BARLOW President	20 HAZARD ST	. WELLPRET RET
ELAINE	E. BARLOWice President		
MARKS	. BARLOW Secretary	/1	
ELAINE.	E BARLUW Treasurer		
SEVENTH: Number	er of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	and walking
2000	Common		par value No Par Value
2000		JD.	•
	of Shares issued:		·
	of Shares issued: Class	7 1086 Series	No Par Value Par Value
Eighth: Number	of Shares issued:	7 1086 Series	Par Value or statement that shares are without
EIGHTH: Number	of Shares issued: IMAR 27 Class Common SECTV. OF	STATE THEAVEULY SOLE The of Corporation)	Par Value or statement that shares are without par value No Par Voluce
EIGHTH: Number No. of Shares 100 ted March	of Shares issued: MAR 2.7 Class Common SEC'V. OF 19 86 (Name of Section 19 86) (Name of Section 19 86)	7 1086 Series STATE THEAVENLY SOLE	Par Value or statement that shares are without par value No Par Voluce

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

orporate ID 16258		Annual Report for	the year 1985
FIRST: The name of	he corporation is HEAVEN	LY SOLES, INC.	
THIRD: Character of	business, briefly stated, is	RETAIL SHOW	ES
FOURTH: If foreign c	orporation, address of its prin	cipal office	
	ess in Rhode Island 28		
SIXTH: Names and a	ddresses of its directors and o		(Attach rider if necessary) ng number, street, zip code)
	Director		
	Director		
- 246	Director		
MARK S. BARL		28 HARRISON	U AVE. NEUPORT, RI.
ELAINE BARLO	W Vice President	t	
MARKS. BARLL	Secretary		
ELAINE BAK	Low Treasurer		
SEVENTH: Number o	f Shares authorized:		Par Value or statement that
No. of Shares	Class 🚓	Series	shares are without par value
2000	Comin		
EIGHTH: Number of	Shares issued: A		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
200	COMBAR REPORT		
Dated 5//	4 4	HEAVENLY Some of Corporation)	OLES Dalu-
	o ⊕ By	IIIII J.	p <i>asan</i>
(Report must be sig	ned by an officer) Tit	le Messellens	