

Street Address

Director Name

Street Address

AUTHORIZED SHARES

100 NO PAR VALUE

Number of Shares

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

Zip

Ζip

Par Value

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

PROFIT CORPOR  Filing Period: January 1 - Ma  FORM MUST BE TYPED OR PRINT	arch 1 • Filing	UAL REPORT	FOR THE YEAR	2005	<del></del>
. Corporate ID No. 82460	2. Name of Corporation	HAIR EXTENSIONS, INC		<del></del>	·
3. Street Address Principal Business Of IOI WEST MF		ソみひ	WA-NWICK	State KI	02886
1. Husiness Phane No. 401-732-82	-89	5. State of Incorporation RHODE ISLAND			6. SIC Code 6882
7. Brief Description of the Character of RETAIL SALE OF HAIR E.	EXTENSIONS.			CES BEFORE VIII.	1,
B. NAMES AND ADDRESSES OF CONTROL		("X" BOX FOR ATTAC	Vice President Name	CES BEFORE USING AT	TACHMENIS
irrer Address 56 BLACICS	JUNE AVI	<u></u>	Course Addresse	STUWE AVE	<del></del>
WARWICK	State RT	12F89	CIN W ARWICK	State RI	2889
ecrotary Name	5 ru		Treasurer Name		•
arcet Address			Street Address		
Tay	State	7.(p	City	State	Zip
O. NAMES AND ADDRESSES OF COLOR Name		i: ("X" BOX FOR ATT	ACHMENT)   FILL IN SP.	1 PACES BEFORE USING A	ATTACHMENTS

Street Address

Director Name

Street Address

ISSUED SHARES

Number of Shares

10

City

City

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

File Date 15	05	
Check No. <u>3848</u>		
9y: <u> </u>	<u> </u>	_
FOR SECRETAR	RY OF STATE USE ONLY	

State

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

Class/Scries

	ry, I declare and affirm that I had anying schedules and statement	·
Contained never are in		12/31/0
Signature of Officer		Date
N.HYCY C	NEVSON	
Print or Type Name of C		
PKESI 1	sent	
Title of Officer		
		Form 630 Rev. 12/03

State

Class/Series

(ummun

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

Zip

Ζιp

Par Value

nopar



### 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

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004
Www. Danie d. Laurena, 1. Manual, 1. a. Elling Egg. \$50.00	

Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1 Corporate ID No. 2. Name of Corporation RHODE ISLAND HAIR EXTENSIONS, INC. 82460 WARWICK 5. State of Incorporation 7 Brief Description of the Character of Business Conducted in Rhode Island 6882 RETAIL SALE OF HAIR EXTENSIONS. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name State Zip Treasurer Name Street Address Street Address City City ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Struct Address State Z.lp *7.*(p City Director Name Director Name Street Address Sircei Address State Z.ip Cuy City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Par Value Number of Shares Class/Series Number of Shares Class/Series 100 NO PAR VALUE 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

Form 630 Rev. 12/03

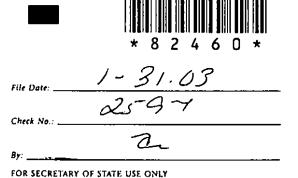
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street. Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STO	OP.
PLEASE	READY
INSTRUC	THONS

Filing Period: Januar	y 1-March 1 • F	iling Fec: \$50.00			INSTRUCT
FORM MUST BE TYPED OR PRIN	TED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation				
82460		D HAIR EXTENSIONS, II			
3. Street Address Principal Busines:	s Office	1. Pros	City	State	21p
101 WR. 4. Business Phone No.	st Natic	5. State of Incorporation	WARWICK	RI	6. SIC Code
401-732-8 7. Bitef Description of the Characte	- 25-9 or of Rusiness Conducted in Ri	RHODE ISLAND			6882
ا کی ا 8. Name\$ and addres	9 sales				
8. NAMES AND ADDRES	SES OF THE OFFICE	ERS ("X" BOX FOR ATTACE	IMENT) FILL IN SPACES BE	FORE USING ATTA	CHMENTS
President Name			Vice President Name	SAME	
Street Address	OLEVSON T SHURE	DRIVE	Street Address		
EXETER	State RI	21p	City	State	Zip
Secretary Name		07-22	Treasurer Name		• •
	SA-ME		***************************************		
Street Address	3,, ,,		Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIRECT	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES I	BEFORE USING ATT	ACHMENTS
Director Name	SAME		Director Name	<del> </del>	
Street Address	7/ <del>1</del> //G		Street Address	AME	
City	State	Zip	City	State	Zíp
Director Name			Director Name		• • • • • • • • •
Street Address			Street Address		
City	State	Zip	City	State	7.lp
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATTACE	IMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMEN	. לד
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			none		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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.

that all statements contained herein are true	and correct.
Mary Ou	- 1/9/0
Signature of Officer	Date /
NANCY ULEVSON	1/9/03
Print or Type Name of Officer	77

Tile 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

(FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 82460 RHODE ISLAND HAIR EXTENSIONS, INC 3. Street Address Principal Business, Office 6882 **RHODE ISLAND** Rusiness Conducted in Rhode Island + HARR TXTENSTON SALES W165 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Z.ip Secretary Name Street Address Street Address City State City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address State City State Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SURING CERCES Number of Shares Class/Series Number of Shares 100 NO PAR VALUE

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. Signature of Officer

Title of Officer - S

Form 630 12/01

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	RE	TYPED	IN	BLACK)	

1. Corporate ID No.

2. Name of Corporation

82460

RHODE ISLAND HAIR EXTENSIONS, INC.

۶.	Street	Addiess.	rrincipai	Business	Office

Warwick

State

ZIP

101 West Natick Road

5. State of Incurporation RHODE ISLAND RI

02886

(401) 732-8289

7. Brief Description of the Character	of Business Conducted in Rh	ode Island			
8. NAMES AND WIBRESS President Name	ledopajeropice	RNSIADSFOR ATTACH	MENT) FILL IN SPACES BEFO	ORE USING ATTACHM	ENTS
Nancy Olevs	son		Nancy Olevson	n	
P.O. Box 7773	State	Zip	City P.O. Box 777	3 State	Zip
Marwick, R	RI	02887	Treasur Haxiwick	RI	02887
suNangy Olexson	-		sum Mancy Olevson	n	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIRECT	ORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES BI Director Name	EFORE USING ATTACH	MENTS
Street Address none	:		Street Address DONE		
City	State	Zip	Chy	State	Zip

Director Name

Street Address

City

State

Zip

City

Director Name

Street Address

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Serles

Sar Value

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

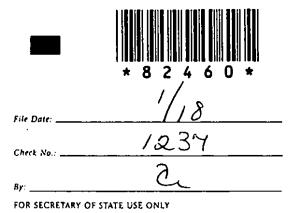
Number of Shares

Class/Series

100 SHS NO PAR VALUE

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 begrein are true and correct.

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 2000



riing i crioa. junuary 1-maich 1	•	Filing Fee. \$50.00
(FORM MUST BE TYPED IN BLACK)		

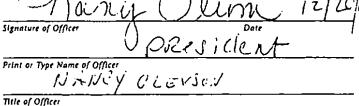
I. Corporate ID No. <b>82460</b>	2. Name of Corpora RHODE ISL	<sup>tlon</sup> And Hair Exten	SIONS, INC.		
3. Street Address Principal Busin / () /	west N	atich Rd.	WAIZWI	ch state RI	2100755C
1. Business Phone No. 40/	-732-828	5. State of Incorpora	tion AND		6. SIC Code 6882
B. NAMES AND ADDR	ESSES OF THE OFF	KUIR EXEN ICERS ("X" BOX FOR A"	JIONI SERVICE TTACHMENT) FILL IN SPACI	CS HUIRST	Y/I'MS SCIEN CHMIENTS
treet Address	y OLErs	·	Street Address	none	
Liv U Lapurité	State R+	216 NJ-EF.	7 <sup>city</sup>	State	Zip
Secretary Name	<del></del>		Treasurer Name		
Street Address	STATE OF THE	NS	Street Address		
city	State	and the second	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
Street Address	- M. 1-		Street Address	70010	
City (	State	Zip	City	State	ZIp
Director Name	······· ···· · · · · · · · · · · · · ·		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIS	ZED (*x* BOX FOR ATT	ACHMENT)	11. SHARES ISSUET	) (*X* BOX FOR ATTACHME	VT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR	VALUE		<i>d</i> .	$\bigcirc$	$\bigcirc$

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: _					
Check No.:					
Ву:				<u>.</u>	
FOR SECRE	TARY OF STA	TE USE ON	l.Y		







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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PIFASE READ, INSTRUCTIONS

(FORM MUST BE TYPED II	N BLACK)		•		
1. Corporate ID No.	2. Name of Corpo				
3. Street Address Principal Bu	siness Office RHODE IS	LAND HAIR EX	rensions, inc.	State	Zip
101 West Na 4. Business Phone No.	itick Road 🥞	· 5. State of Incorporat	Warwick <sup>Jon</sup>	RI	. 02886 6. SIC Code
(401) 732-8 7. Brief Description of the Ch	3289 aracter of Business Conducted	Rhode Is.	land		6882
	le of hair ex PRESSES OF THE OF	tensions FICERS (*X* BOX FOR AT	TACHMENT) Vice President Name		
Nancy Ole	evson		Nancy Olevso	n	
28 P.O. E	Box 7773	. Zip	city P.O. Box 777	3 State	Zip
Warwick, Secretary Name	RI	02887	Warwick Treasurer Name	RI	02887
Nancy Ole	evson		Sure Nancy Oleveo	n	
City P.O. Box	7773 State	Zip	P.O. Box 777	3 State	Zip
Warwick 9. NAMES AND ADI	RESSES OF THE DI	02887 RECTORS (*x* BOX FOR	Warwick, ATTACHMENT) Director Name	RI	02887
	IONE		NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	<b></b>	• • •	Director Name	••• • •••	* ****
Street Address			Street Address	<del></del> .	
City	State	Zip	City	State	Zip
10. SHARES AUTHOR AUTHORIZED SHARES	RIZED (*x* box for at	TACHMENT) .	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT	"
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS 1	NO PAR VALUE		10	COMMON	NO PA

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

File Date:	PAIDLIN 22035
Check No.:	APR 0 5 1999
By:	SEC'Y OF STATE

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.

Nancy Oleyson Print or Type Name of Officer

President

Title of Officer



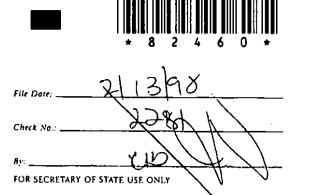
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLE VSE RE VU

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 82460 RHODE ISLAND HAIR EXTENSIONS, INC. 3. Street Address Principal Business Office Zip 101 WEST NATICK ROAD WARWICK 02886 RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 732-8289 6882 7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SALE OF HAIR EXTENSIONS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name NANCY J. OLEVSON President Name SAMUEL ARTHUR OLEVSON Street Address Street Address 2 HARKNESS STREET 101 WEST NATICK ROAD City PROVIDENCE 02886 02909 RI WARWICK RΙ SAMUEL ARTHUR OLEVSON Secretary Name SAMUEL ARTHUR OLEVSON Street Address 2 HARKNESS STREET HARKNESS STREET City State 7.10 City <sup>2ip</sup> 02909 PROV. RI 02909 PROV. RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE Street Address Street Address City Zip City State Director Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value **100 SHS NO PAR VALUE** 10 COMMON 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.

Signature of Officer
NANCY, J. OLEVSON
Date

Print or VICE" PRESIDENT

Title of Officer



: Number of Shares

100

Class/Series

COMMON

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

Par Value

NO PAR

Class/Series

COMMON

### PROFIT CORPORATION ANNUAL REPORT 1997

			N ANNUAL Filing Fee: \$50.00	REPORT 1997	<i>(</i>	PLEAS INSTRI BE		
FORM MUST	BE TYPED IN BL	ACK)				COMI THIS		
. Corporate ID	No. 82460	2. Name of Corporate RHODE		EXTENSIONS, INC.				
l. Street Addres	s Principal Busines: 101 WES:	s office F NATICK RO	AD	City WARWICK	State RI	zip 02886		
l. Business Pho	ne No. 732-8289	9	5. State of Incorporation RHODE IS			6. SIC Code 6882		
. Brief Descripi		er of Business Conducted in SALE OF HAI	Rhode Island REXTENSIONS					
		SSES OF THE OFFIC ARTHUR OLEV	CERS ("X" BOX FOR ATT. SON	ACHMENT)  VICE PNANCY TE J. (	DLEVSON			
treet Address	Address 2 HARKNESS STREET			Street 16645 WEST 1	Street Address WEST NATICK ROAD			
City	PROV.	State RI	<sup>z.ip</sup> 02909	city WARWICK	State RI	zıp 02886		
ecretary Name	SAMUEL A	ARTHUR OLEV	SON	Tress SAMUEL ART	THUR OLEVSON			
itreet Address	eel Address 2 HARKNESS STREET			Street Address 2 HARKNESS	Street Address 2 HARKNESS STREET			
Sity	PROV.	State RI	<sup>zip</sup> 02909	PROV.	State RI	zıp 02909		
9. NAMES Director Name	AND ADDRES	SSES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) Director Name				
itreet Address				Street Address				
City		State	Zip	City	State	Zip		
Director Name	• • •		•	Director Name		• • • • •		
Street Address				Street Address				
City		State	Zip	City	State	Zip		
		ED AND ISSUED (*	X* BOX FOR ATTACHMEN		-			
AUTHORIZED SH	LARES			ISSUED SHARES				

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

Number of Shares

10

	Under penalty of perjury, I declare and affirm that I have examined
	( this eport, including any accompanying schedules and statements, and
1 100	that all statements cognained herein are true and correct.
File Date: 424 97	muel Arthur Devan 2/21/9
186415	Signature of Officer Date
Check No.:	SAMUEL ARTHUR OLEVSON
BY: ICID	Print or Type Name of Officer
	PRESIDENT
FOR SECRETARY OF STATE USE ONLY	Title of Officer

Par Value

NO PAR

#### **PROFIT CORPORATION ANNUAL REPORT**

732-8289

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHOOE ISLAND

1. CORPORATE ID NO.

STREET ADDRESS

SECRETARY NAME

STREET ADDRESS

DIRECTOR NAME

STREET ADDRESS

DIRECTOR HAME

STREET ADDRESS

any

82460

3. STREET ADDRESS PRINCIPAL BUSINESS OF FICE

**PROVIDENCE** 

\_ PROVIDENCE

MUMBER OF SHARES

NONE

1996

RHODE ISLAND HAIR EXTENSIONS, INC.

RHODE ISLAND

PLEASE TYPE OR PRINT IN BLACK INK.

WARWICK

NAMES AND ADDRESSES OF THE OFFICERS

VICE PRESIDENT NAME

STREET ADORESS

TREASURER HAME

STREET ADDRESS

DIRECTOR NAME

STREET ADDRESS

DIRECTOR NAME

STREET ADDRESS

MUMBER OF SHARES

10

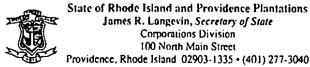
NONE

SAMUEL ARTHUR OLEVSON

2\_HARKNESS\_STREET

SSES OF THE DIRECTORS

PROVIDENCE.



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street

ZIP CODE

ZIP CODE

77° COO

ZIP CODE

ZIP CODE

PAR VALUE

NO PAR

RI.

STATE

COMMON

**ISSUED SHARES** 

CLASS / SERVES

02909

\_\_02886

6882

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

2. NAME OF CORPORATION

RETAIL SALE OF HAIR EXTENSIONS

RI

ZP CODE

02909

.0.2909

2P COOE

SHARES

ADD

AUTHORIZED

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

PAR VALUE

101\_WEST\_NATICK\_ROAD\_

5. STATE OF PROOFFORATION

SAMUEL ARTHUR OLEVSON

SAMUEL ARTHUR OLEVSON

STATE

100 SHS NO PAR VALUE

10.

**AUTHORIZED SHARES** 

CLASS / SERIES

2 HARKNESS STREET

2\_HARKNESS\_STREET

File Date: Check No: By:

For Secretary of State Use Only

Upder penalty of perjury, I declare and affirm that I have examined this report) including any accompanying schedules and statements, and that statements contained herein are true and correc anue Signature of Officer SAMUEL ARTHUR OLEVSON Print or Type Name of Officer

PRESIDENT

Title of Officer

2/21/96

#### State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence Physics 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: 82460	Annual Report for the	year:1995	<del></del>		
RHODE ISLAND HAIR E	XTENSIONS, INC.				
Name of Corporation:R .  Business entity organized under the laws of the State of:R.	Business Entity is (c	heck one):			
For foreign entity, address and telephone number of principal office:		oration (See RIGL Chapter 7-1.1)			
Tot foreign circly, address and totel phone member or principal street	• •	Professional Service Corporation (See RIGL Chapter 7-5.1)			
		e character of business conducted in	Phode Island:		
Phone: ( )		LE OF HAIR EXTENSION			
Address and telephone of the principal office of business entity in Rhod	ie				
Island (Provide street address - Not P.O. Box):		<del></del>			
101 West Natick Road Warwick, RI 02886	<del></del>				
Marwicky Kr 02000					
Phone: (401) 732-8289					
THE NAM	ES OF THE OFFICERS ARE:				
PRESIDENT I THE INAIM	STREET ADDRESS	CITYSTATE	ZIP CODE		
SAMUEL ARTHUR OLEVSON	2 HARKNESS STREET	PROVIDENCE, RI	02909		
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZZP COOE		
SECRETARY	STREET ADDRESS	CITY/STATE	ZZP COOE		
SAME					
TREASURER SAME	STREET ADDRESS	CITYATATE	ZIP CODE		
	S OF THE DIRECTORS ARE	<u></u>	<del></del>		
NAME	STREET ADDRESS	CITYATATE	ZIP CODE		
NO DIRECTORS			717 0000		
NAME	STREET ADDRESS	CITYSTATE	ZIP CODE		
NAME	STREET ADDRESS	CITYSTATE	ZZP CODE		
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES I	SSUED AND OUTSTANDING (Rider m	ay be attached)		
Number of Shares 100 Class / Series COMMON	Number of Shares	Class / Series			
rumoer of Shares 100 Class / Series / COMMON	10	COMMON:	,		
•					
OCTOBER 11 Date	By: Samuel Sr	the Olevan	<u> </u>		
, , , , , , , , , , , , , , , , , , , ,	SAMUEL ARTHUR PRINT OR TYPE NAME OF OFFICER SIGNING	OLEVSON			
Form 31 1/95	TITLE OF OFFICER SIGNING	PRESIDENT			
DESIGNATED REGISTE	RED AGENT FOR SERVICE (	OF PROCESS:			
PLEASE NOTE: If the registered office and/or registered agent indi	•	<del></del>			

SAMUEL ARTHUR OLEVSON 2 HARKNESS STREET #4 PROVIDENCE, RI 02909

SECTY OF STATE