



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 82460		2. Name of Corporation RHODE ISLAND HAIR EXTENSIONS, INC.			
3. Street Address Principal Business Office 101 WEST NATICK ROAD		City WARWICK		State RI	Zip 02886
4. Business Phone No. 401-732-8289		5. State of Incorporation RHODE ISLAND			6. SIC Code 8882
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NANCY OLEVSON			Vice President Name NANCY OLEVSON		
Street Address 56 BLACKSTONE AVE.			Street Address 56 BLACKSTONE AVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name none			Treasurer Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name 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 ("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
100 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



File Date	1/5/05
Check No.	3828
By:	W.
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 Nancy Olevson Date 12/20/04
Print or Type Name of Officer NANCY OLEVSON
Title of Officer PRESIDENT



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 OR PRINTED IN BLACK)

1. Corporate ID No. 82460		2. Name of Corporation RHODE ISLAND HAIR EXTENSIONS, INC.			
3. Street Address Principal Business Office 101 WEST NATICK ROAD		City WARWICK		State RI	Zip 02886
4. Business Phone No. 401-732-8289		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NANCY OLEVSON			Vice President Name Same		
Street Address PO BOX 7772			Street Address		
City WARWICK	State RI	Zip 02887	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Same			Director Name Same		
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
100 NO PAR VALUE					

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



* 8 2 4 6 0 *

File Date 1-5-04
Check No. 3274
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Nancy Olevson 12/27/03
Signature of Officer Date
NANCY OLEVSON
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **82460** 2. Name of Corporation **RHODE ISLAND HAIR EXTENSIONS, INC.**
3. Street Address Principal Business Office **101 West Natick Road** City **WARWICK** State **RI** Zip **02886**
4. Business Phone No. **401-732-8289** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6882**
7. Brief Description of the Character of Business Conducted in Rhode Island **Wig Sales**

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

President Name NANCY OLEVSON	Vice President Name SAME
Street Address 28 WEST SHORE DRIVE	Street Address
City EXETER State RI Zip 02822	City State Zip
Secretary Name SAME	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name SAME	Director Name SAME
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
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
none

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



* 8 2 4 6 0 *

File Date: **1-31-03**
2597
Check No.:
By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer **Nancy Olevson** Date **1/9/03**
Print or Type Name of Officer **NANCY OLEVSON**
Title of Officer **president**



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82460 2. Name of Corporation RHODE ISLAND HAIR EXTENSIONS, INC.
3. Street Address Principal Business Office 101 WEST NATICK ROAD City WARWICK State RI Zip 02886
4. Business Phone No. 401-732-8289 5. State of Incorporation RHODE ISLAND 6. SIC Code 6882

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL WIGS + HAIR EXTENSION SALES

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

President Name NANCY OLEVSON Vice President Name NANCY OLEVSON
Street Address [REDACTED] Street Address 101 W. NATICK RD.
City WARWICK State RI Zip 02886 City _____ State _____ Zip _____

Secretary Name _____ Treasurer Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

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

Director Name NANCY OLEVSON Director Name NANCY OLEVSON
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
100 NO PAR VALUE	- 0 -	- 0 -

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
- 0 -	- 0 -	- 0 -

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



* 8 2 4 6 0 *

File Date: 2-1-02

Check No.: 10145

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer Nancy Olevson Date 1/10/02

Print or Type Name of Officer NANCY OLEVSON

Title of Officer PRESIDENT



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82460** 2. Name of Corporation **RHODE ISLAND HAIR EXTENSIONS, INC.**

3. Street Address Principal Business Office **101 West Natick Road** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **(401) 732-8289** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8882**

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

sales of wigs and hair extensions

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

President Name Nancy Olevson	Vice President Name Nancy Olevson
Street Address P.O. Box 7773	Street Address P.O. Box 7773
City Warwick, R	City Warwick
State RI	State RI
Zip 02887	Zip 02887
Secretary Name Nancy Olevson	Treasurer Name Nancy Olevson
Street Address P.O. Box 7773	Street Address P.O. Box 7773
City Warwick, R	City Warwick
State RI	State RI
Zip 02887	Zip 02887

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

Director Name none	Director Name none
Street Address none	Street Address none
City none	City none
State none	State none
Zip none	Zip none

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

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
none

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



* 8 2 4 6 0 *

File Date: **1/18**

Check No.: **1234**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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

Nancy Olevson 1/12/01
Signature of Officer Date

NANCY OLEVSON
Print or Type Name of Officer

President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82460		2. Name of Corporation RHODE ISLAND HAIR EXTENSIONS, INC.	
3. Street Address Principal Business Office 101 West Natick Rd.		City Warwick	State RI
4. Business Phone No. 401-732-8289		5. State of Incorporation RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island Retail w/ly sales, hair extensions services, hairstyling services			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name NANCY OLERSON		Vice President Name None	
Street Address PO Box 7773		Street Address None	
City Warwick	State RI	City None	State None
Zip 02887		Zip None	
Secretary Name			
Street Address None		Treasurer Name	
City None		Street Address	
State None		City	
Zip None		State	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name None	
Street Address None		Street Address None	
City None	State None	City None	State None
Zip None		Zip None	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
100 SHS NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
0	0	0	

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



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 Oleron 12/20/01
Signature of Officer Date
President
Print or Type Name of Officer
NANCY OLERSON
Title of Officer

File Date: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

824601 RHODE ISLAND HAIR EXTENSIONS, INC.

3. Street Address/Principal Business Office

101 West Natick Road

Warwick

State

RI

Zip

02886

4. Business Phone No.

5. State of Incorporation

(401) 732-8289

Rhode Island

6. SIC Code

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)

President Name

Vice President Name

Nancy Olevson

Nancy Olevson

Street Address

Street Address

28 P.O. Box 7773

P.O. Box 7773

City

State

Zip

City

State

Zip

Warwick, RI

02887

Warwick

RI

02887

Secretary Name

Treasurer Name

Nancy Olevson

Nancy Olevson

Street Address

Street Address

P.O. Box 7773

P.O. Box 7773

City

State

Zip

City

State

Zip

Warwick, RI

02887

Warwick,

RI

02887

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

Director Name

Director Name

NONE

NONE

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

100 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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: PAID IN 220135

APR 05 1999

Check No.: _____

SEC'Y OF STATE

By: _____

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.

Nancy Olevson 3/19/99
Signature of Officer Date

Nancy Olevson
Print or Type Name of Officer

President
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82460		2. Name of Corporation RHODE ISLAND HAIR EXTENSIONS, INC.	
3. Street Address Principal Business Office 101 WEST NATICK ROAD		City WARWICK	State RI
4. Business Phone No. 732-8289		5. State of Incorporation RHODE ISLAND	6. SIC Code 8882
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)			
President Name SAMUEL ARTHUR OLEVSON		Vice President Name NANCY J. OLEVSON	
Street Address 2 HARKNESS STREET		Street Address 101 WEST NATICK ROAD	
City PROVIDENCE	State RI	City WARWICK	State RI
Zip 02909		Zip 02886	
Secretary Name SAMUEL ARTHUR OLEVSON		Treasurer Name SAMUEL ARTHUR OLEVSON	
Street Address 2 HARKNESS STREET		Street Address 2 HARKNESS STREET	
City PROV.	State RI	City PROV.	State RI
Zip 02909		Zip 02909	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
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



* 8 2 4 6 0 *

File Date: 2/13/98
Check No.: 2281
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: [Signature] Date: _____
NANCY J. OLEVSON
Print or Type Name of Officer: VICE PRESIDENT
Title of Officer: _____



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

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82460 2. Name of Corporation RHODE ISLAND HAIR EXTENSIONS, INC.
3. Street Address Principal Business Office 101 WEST NATICK ROAD City WARWICK State RI Zip 02886
4. Business Phone No. 732-8289 5. State of Incorporation RHODE ISLAND 6. SIC Code 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)

President Name SAMUEL ARTHUR OLEVSON Vice President Name NANCY J. OLEVSON
Street Address 2 HARKNESS STREET Street Address 101 WEST NATICK ROAD
City PROV. State RI Zip 02909 City WARWICK State RI Zip 02886
Secretary Name SAMUEL ARTHUR OLEVSON Treasurer Name SAMUEL ARTHUR OLEVSON
Street Address 2 HARKNESS STREET Street Address 2 HARKNESS STREET
City PROV. State RI Zip 02909 City PROV. State RI Zip 02909

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

Director Name NONE Director Name
Street Address Street Address
City State Zip City State Zip
Director Name
Street Address
City State Zip

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
100	COMMON	NO PAR	10	COMMON	NO PAR

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

File Date: 2/24/97
Check No.: 180415
By: 1010

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 Samuel Arthur Olevson Date 2/21/97

SAMUEL ARTHUR OLEVSON
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. 82460		2. NAME OF CORPORATION RHODE ISLAND HAIR EXTENSIONS, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 101 WEST NATICK ROAD			CITY WARWICK	STATE RI	ZIP CODE 02886
4. BUSINESS PHONE NO. 732-8289		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 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					
PRESIDENT NAME SAMUEL ARTHUR OLEVSON			VICE PRESIDENT NAME NONE		
STREET ADDRESS 2 HARKNESS STREET			STREET ADDRESS		
CITY PROVIDENCE	STATE RI	ZIP CODE 02909	CITY	STATE	ZIP CODE
SECRETARY NAME SAMUEL ARTHUR OLEVSON			TREASURER NAME SAMUEL ARTHUR OLEVSON		
STREET ADDRESS 2 HARKNESS STREET			STREET ADDRESS 2 HARKNESS STREET		
CITY PROVIDENCE	STATE RI	ZIP CODE 02909	CITY PROVIDENCE	STATE RI	ZIP CODE 02909
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME NONE			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
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.

Samuel Arthur Olevson
Signature of Officer

SAMUEL ARTHUR OLEVSON

Print or Type Name of Officer

PRESIDENT

Title of Officer

2/21/96

Date

File Date:

2/20/96

Check No:

1017

By:

CS / LP

For Secretary of State Use Only

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

Corporate ID: 82460 Annual Report for the year: 1995

Name of Corporation: RHODE ISLAND HAIR EXTENSIONS, INC.

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

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

Business Entity is (check one):

☒ [X] 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):

101 West Natick Road
Warwick, RI 02886

Phone: (401) 732-8289

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

RETAIL SALE OF HAIR EXTENSIONS

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>SAMUEL ARTHUR OLEVSON</u>	<u>2 HARKNESS STREET</u>	<u>PROVIDENCE, RI</u>	<u>02909</u>

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
----------------	----------------	------------	----------

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>SAME</u>			

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>SAME</u>			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

NO DIRECTORS

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 100 Class / Series COMMON

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

Number of Shares 10 Class / Series COMMON

Date OCTOBER 11, 19 95

By:

Samuel Arthur Olevson
SAMUEL ARTHUR OLEVSON

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

PRESIDENT

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

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

PAID
110.00
OCT 17 1995
SECY OF STATE