

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

Corporations Du is 100 North Main Street Providence, RI 02903-1535 401-222-3040

2005

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 💢 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Gaproate ID No. 2 Name of Corporation 42186 EVANSCO, INC. 3 Street Address Principal Business Office 02840 NEWPORT SWINBURNE 5 State of Incorporation 3939 RHODE ISLAND 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS EVANGELISTI MICHAEL Street Address Street Address State Street Address Sirect Address State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address Z_{4D} Citi State Director Name Street Address Street Address Zip City State Z_{4P} 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 2,000 NO PAR VALUE Lovo 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 in are true and correct. contained 248 FOR SECRETARY OF STATE USE ONLY

Title of Officer



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

Corporate ID No.	2. Name of Gorporation				
42186	EVANSCO, INC	<u>. </u>	_		
Street Address Principal Business 349 1d/e			Ft. Lauden	lale FL	3330
Business Phone No	·)	5. State of Incorporation			6. SIC Gode
954-463-5 Trief Description of the Chamicter		RHODE ISLAND	·	 	3939
RETAIL CLOTHING	in in in its annual in its ann	The state of the s			
NAMES AND ADDRESSE:	S OF THE OFFICERS	: ("X" BOX FOR ATT	ACHMENT) FILL IN	SPACES BEFORE USIN	NG ATTACHMENTS
sident Name	1	'	Vice President Name		
MICHAEL F	Langelis	<u>571</u>	Na		<u> </u>
349 Idle	wyld D	<u>ر</u> .	Street Address		
+. Lauderdal	esiane	3330)	City	State	Zip
cretary Name	Na	•	Treasurer Name	19	
net Address			Street Address	<u> </u>	
ty	State	Z(p	City	State	Zip
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President		C S	TACHMENT) FILL Director Name Street Address	IN SPACES BEFORE US	SING ATTACHMENTS
President		C S	Director Name	IN SPACES BEFORE US	JING ATTACHMENT
President		C(S	Director Name	State	Zip
President	acting	95	Director Name Street Address		
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File Date

One State Use ONLY

File Date

One State Use ONLY

Under penalty of perjury, I declare and affir including any accompanying schedules and	
contained therein are true and correct.	Jan 14.2004
Signature Mofficer Evenyelish	Date
Vice of Officer	
Title of Officer	Form 630 Rev. 12/03

Edward S. Inman, III, Secretar, Corporations Divisio.

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 TORM MUST BE TYPED OR PRINTED IN BLACKI 1 Corporate ID No. 42186 EVANSCO, INC. 3. Street Address Principal Business Office Fr Lindenile Idewyld 5. State of Incorporation 6. SIC Code 954 463-5546 3939 **RHODE ISLAND** scription of the Character of Business Conducted in Rhode Island Clothing 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS City State Zip City Zip State City State **FILL IN SPACES BEFORE USING ATTACHMENTS** 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Hesidul Street Address City City State Zip Director Name Director Name Street Address Street Address City State Z_{IP} City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT). 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 2,000 NO PAR VALUE 7000

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

	* 4 2 1 8 6 *
File Date:	1.31.03
Check No	15045
Ву	<u> </u>
FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjury, I declare and a this report, including any accompanying	
that all statements untained herein are	true and correct.
1 vydl	an 26.2003
Signature of Office	Date
Michael Kullage 15 7	·



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

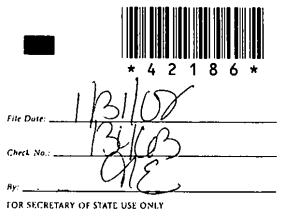
	ORPORATIO	N ANNUAL RE Filing Fee; \$50.00	PORT FOR THE	E YEAR <u>2</u>	002 SI
FORM MUST BE TYPEL	O IN BLACK)		-		
. Corporate ID No.	2. Name of Cor	poration			_
42186	EVANSO	O, INC.			
Street Address Principal		•	City	State	ZIp
344 Idle	wyld dr		FT Landroile	Fi	33301
. Rusiness Phane No.	J	5. State of Incorporation		_	6 SIC Code
934-463		RHODE ISLAN	D		3939
. Hiles Description of the	Character of Business Conduc	ted in Rhode Island			
KeTAIL					
3. NAMES AND AI	DDRESSES OF THE O	FFICERS ("X" BOX FOR ATTA		BEFORE USING AT	TACHMENTS
resident Name	(1) \(\frac{1}{2} \)		Vice President Name		
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الراء المراتة	enally de		Street Address		
Syy Jen	State.	Zio	Cliv	State	Zip
For In Side	angelistic lowyld distance	33301	5 .,	J.4	···•
ccretary Name	72	303-1	Treasurer Name		
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treet Address	- 1		Street Address		
Clly	State	Zip	Clly	State	Zip
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	DDRESSES OF THE D	IRECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACI	ES BEFORE USING A	ATTACHMENTS
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,	. State	z.ip	City	State	Zip
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treet Address			Street Address		
lity	State	Zip	City	State	ZIp
O. SHARES AUTH	ORIZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHS	(ENT)

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

ISSUED SHARES

Number of Shares

טטסרב



Class/Series

Par Value

AUTHORIZED SHARES

2,000 NO PAR VALUE

Number of Shares

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

UNIVERSE

UNIVER

Class/Series

Title of Officer



Corporations Divis. 100 North Main Street, Providence, RI 02903-13 401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

407-212-50

FORM MUST BE TYPED IN BLA	ICK)				
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42186	Evanso	0 INC			
. Street Address Principal Business			Cay	le State	33301
349 18 lew	yld dr		Fr Landerda	ie /L	
Business Phone No		15 State of Incorporatio	. ,		8 SIC Code 39 39
954- 463-55			iland		
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349 Idle1011	11 00		>		
10-1	State	Zip	City	State	Zip
FT Lauderdale	i Fi	3 3 3 0 1	7		
ecretary Name		<u> </u>	. Treasurer Name		<u></u>
As Abu	ve		 7		
trect Address		· · · ·	Street Address		
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itv	State	Z:p	City	State	710
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Hs above					
treet Address			Street Address		
		 			
(dry)	State 	Zip 	City	State	1 Zip
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Director Name			Director Name		
Street Address			Ferry 4 days	-	
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Number of Shares	Ciass/Series	Par Value	Number of Shares	Class/Series	Par Value
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James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

2000

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

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FORM MUST BE TYPED IN B	LACK)				
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3 Street Address Principal Busine 349 Idle U	ess Office	f. (1000 of lowers	Fr Lunderdal	e FL	333c)
954- 463~	5546	5 State of Incorpora RHODE ISL	AND		° 3939'
7. Brief Description of the Charac	cter of Business Conducted i	n Rhode Island			
8. NAMES AND ADDRI		ICERS ("X" BOX FOR A		S BEFORE USING ATTA	CHMENTS
President Name LICHNEL EV	unachsti		Vice President Name	14.1	
			Street Address		
349 Jaller	maly ge				
FT Limber dul	e_ FL	2ip 333 <i>0</i>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address	OWE_		Street Address		
			2tteet Manter		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRI		ECTORS ("x" box for	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING AT	FACHMENTS
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 SHARES	ZED ("X" BOX FOR ATT	FACHMENT)	11. SHARES ISSUED) ("X" BOX FOR ATTACHME!	NT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000 NO PAR			2000	Com	No Par

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

	* 4 2 1 8 6 *
File Date.	PAID WO, NA
	JAN 1 0 2000 10
Check No.:	SECT OF STATE
By:	
FOR SECRETARY	OF STATE USE ONLY

Under penalty of perjury, I declare and af	firm that I have examined
this report, including any accompanying	schedules and statements, and
that all statements contained herein are t	rue and correct.
V il	Jun 4,2000
Hichael Evangelish	Jan 4, 2000
Print or Type Name of Officer	
Preside	
Title of Officer	



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

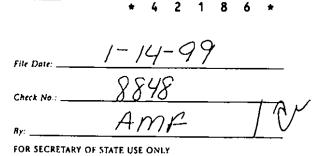
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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



	•				(41)
(FORM MUST BE TYPED IN BL	.ACK)				
1. Corporate ID No. 42186	2. Name of Corpora EVANSCO,	inc.			
3. Street Address Principal Busines	ss Office		City	State	Zip
2101 N. ANDREWS 4. Business Phone No.	AVENUE, SUITE		FT. LAUDERDALE	FLORIDA	33311
(954)630-9113 7. Brief Description of the Charact	er of Business Conducted I	5. State of Inco RHODE n Rhode Island	ISLAND		6. SIC Code 3939
RETAIL CLOTHING	STORE				
8. NAMES AND ADDRE President Name	SSES OF THE OFF	CERS ("X" BOX FO	OR ATTACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
MICHAEL EVANGELI	STI				
Street Address			Street Address		
SAME AS ABOVE			•		
City	State	Zip	. City	State	Zip
SAME AS ABOVE		,			
Secretary Name	0 m T		Treasurer Name		•
MICHAEL EVANGELI Street Address	STI		MICHAEL EVANGEL	ISTI	
SAME AS ABOVE			Street Address		
City	State	Zip	SAME AS ABOVE		
SAME AS ABOVE	Jule	Eip .	SAME AS ABOVE	State	Zip
	SSES OF THE DIRI	CTORS (*x* ROX	FOR ATTACHMENT) FILL IN SPACE	ES BEEMBE HSING ATT	A CUMENTS
Director Name		30.01.01.0	Director Name	L3 BETOKE Q3114 ATT	ACIDIENTS
MICHAEL EVANGELI	STI		•		
Street Address			Street Address		
SAME AS ABOVE			:		
City	State	Zip	City	State	Zip
SAME AS ABOVE	• • •	•• • ••	•		
Director Name			Director Name	•	
Street Address	;		Street Address		
City	State	ZIp	City	State	Zip
10. SHARES AUTHORIZI	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (YY ROY FOR ATTACUMEN	7)
AUTI (ORIZEL) SHARES	= =		' KSUED SHAKES	A BOX FOR RELACIONEN	**
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000 NO PAR			·		
			2,000	COM	NO PAR

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



Inder penalty of perjury, I declare an his report, including any accompany hat all stayem into contained herein a	ing schedules and statements, and
and all statements contained herein a	Jun 41 1200.
ignature of Officer	Date Date
MICHAEL EVANGELISTI	
PRESIDENT	
Ide of Office	



(FORM MUST BE TYPED IN BLACK)

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 PLLAY: RLAD INSTRICTIONS

1 Corporate ID No. 2. Name of Corporation 42186
3. Street Address Principal Business Office EVANSCO, INC. City State 210 2101 N. Andrews Avenue, Ste 106 33311 Ft. Lauderdale FL 4. Business Phone No. 6. SIC Code 5. State of Incorporation 7. Brief Description of the Character of Business Conducted in Rhode Island (954)630 - 91133939 Retail clothing store 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Michael Evangelisti Street Address Street Address Same as above City City State Zip State Zip Same as above Secretary Name Treasurer Name Michael Evangelisti Michael Evangelisti Street Address Street Address Same as above Same as above State Zip City Zip State Same as above Same as above 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Michael Evangelisti Street Address Street Address Same as above City State City State Zip 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 **ISSUED SHARES** Number of Shares Class/Series Number of Shares Par Value Class/Series Par Value **2000 NO PAR** 2,000 COM No par

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

	* 4 2 1 8 6 *		
File Date:	2/17	-	
Check No.:	129	-	
Ву:	CP CP		
FOR SECRETARY	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 Date

Michael Evangelisti
Print or T) pe Name of Officer

nle if engiden t



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

PROFIT CORPORATION ANNUAL REPORT 1997

Zip

2,000 ar Value

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

(FORM MUST BE TYPED IN BLACK)

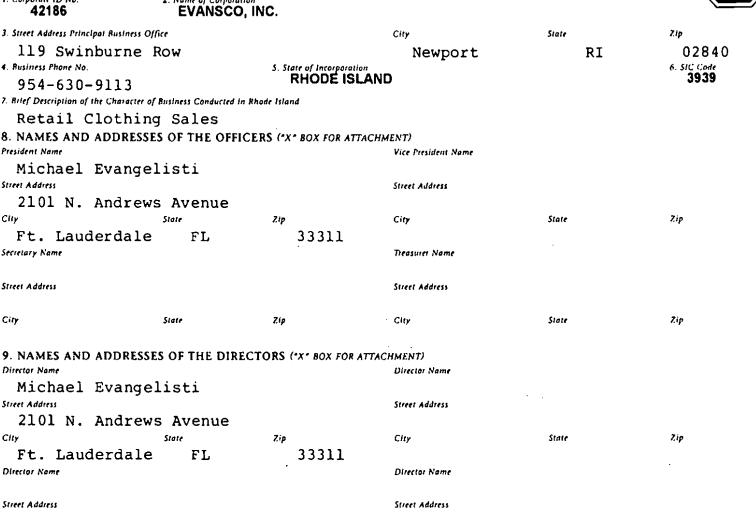
1. Corporate ID No.

AUTHORIZED STARES

Number of Shares $,\,oldsymbol{2},\,000$

2000 NO PAR

2. Name of Corporation



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

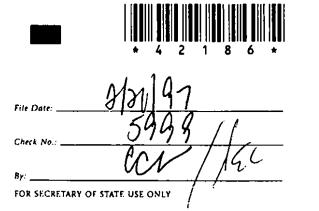
None

City

ISSUED SHARE

Number of Shares

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

Class/Series

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

Par Value Klone

State

Class/Series

Janu

MICHAEL EVANGELISTI Print or Type Name of Officer



PROFIT CORPORATON ·ANNUAL REPORT

Filling Parado ian jary 1-March t

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Comporations Division 100 North Main Street Providence, Knode Island 02903-1335 + (401) 277-3940

Filing Fee : .

CORFOR-

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EVANSCO INC. 0042186

2101 N. Andrews Ave # 106 FT Lauderdole

7:Pinggi FL 33311

Rhode Island

964-630-9113

Retail CLOTHING durlet

Michael Evancelist: 349 Idlewyld dr. / Lunderdule FL

33301

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SECTION : As Above

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As Above

Unit

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2000 without Par

2000 without par

File Date

Check Nor

By:

For Secretary of State Use Only

milina: I have examined idules and statements, true and correct.

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:0042186		Annual Report	for the year:	
FW	ANSON, THO			
Name of Corporation: Business entity organized under the laws of For foreign entity, address and telephone ne	f the State of: _ R.J umber of principal office:	Busine	ntity is (check one): ess Corporation (See RIGL Chapter 7-1-1) sional Service Corporation (See RIGL Chapter 7-1-1)	
Phone: () Address and telephone of the principal office	ce of business entity in Rhode	^	ent of the character of business conducted	
Island (Provide street address - Not P.O. Re 119 Swin - Duine - Re I	ω0284/0			
Phone: (401) 8417- 0103		~·		
PRESIDENT	THE NAMES OF T	HE OFFICERS	ARE:	
Michael V. Evangelist	1. 349 Idlewyld	de to Lu	uder du le 1333	ZIP CODE ZIP CODE
SECRETARY	STREET AL	ODRESS	CITY/STATE	ZIP CODE
TREASURER	STREET AL	DDRESS	CHYSTATE	XIP CODE
	THE NAMES OF THE	HE DIDECTOR	CADE.	
NAME	STREET AL	DORESS	CHY/STATE	ZIP CODE
NAME -	STREET AL	DDRESS	CITY/STATE	ZIP COOE
NAME	STREET AL	DORESS	CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Ride	er may be attached)	NUMBER OF SE	HARES ISSUED AND OUTSTANDING (Ride	er may be attached)
Number of Shares Class / S 2000 without	eries Par	Number of Shar	cs Class/Scries Without Par	
Date		THE NAME OF OFFICER	Michael Evange 157	<i>l;</i>
	TILLE OF O DIGNATED REGISTERED AG	FFICER SIGNING ENT FOR SERV	,	
PLEASE NOTE: If the registered office ar	nd/or registered agent indicated below	v is incorrect, Form	9 must be filed.	
				ী

MICHAEL V. EVANGELISTI 109 SWINBURNE ROW NEWPORT RI 02640 Je Wildows

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

1994

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 0042186

Corporate ID:	Annual Report for the year:
Name of Business Entity:	EVANSCO, INC.
Business entity organized under the laws of the State of Rhode Shard Federal Taxpayer Identification Number: For foreign entity, address and telephone number of principal office Alpha Phone. 4 Address and telephone of the principal office of business entity in Rhode is and (Provide street address - Not P.O. Box) 119 Swin busine Row Agu Part P.T. 02840	Business Entity is tcheck one) [
	March 12, 1987
**	TADDRESS C.T. PLANTATION FL 33322 ZIPO
CHIEF HISANCIAL OTHER FROM CHEROSCOPE STREET	TADDRESS 4 CHYSTATE Z.P.C
As above	THE DIRECTORS ARE: TANDRESS CONSINCE ZEC
	TADORESS CITYESTATE VERY
NAME STREET	TADDRESS CTIVETATE Z.PC
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 2000	NUMBER ZCCO
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR	PAR VALUE OR WITHOUT PAR
Date	Lichael Evangelisti.

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

FILED

HAR 114 194

By ME593918

10-21 1/94



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 0042195		Annual Report f	or the year 19	93
FIRST: The name of the corpora	ation is	EVANSCO. INC.		
SECOND: It is incorporated under Third: Character of business, b	er the laws of	eTRU CLOT	HINS	
FOURTH: If foreign corporation,	address of its princip	oal office		
FIFTH: Business address in Rhoo	\wedge	Swinburne Sport, RI)
SIXTH: Names and addresses of	its directors and offic		(Attach iding number, stre nt, n ip coo	h rider if necessary)
Michael Evangelisti	Director	9541 NW 181		
Michael Evergelish	Director	<i>(</i> 5		
Michael Evangelisti	Vice President	[1] /1		
t*	Treasurer	ľ		
SEVENTH: Number of Shares aut No. of Shares 2000 Class		Series	or staten shares are	Value ment that e without value
Eібнтн: Number of Shares issue		d APR 1 3 1993,		Value Tent that
No. of Shares 2000 Clas	8	Series		e without value
Dated Leb 23, 1993 19		Vanse ne	Par	Value
(Report must be signed by an offic	By Cer) Title	1 Residus		

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	12186	Annual Report for the	e year 1 <u>592</u>	
First: The name of the	ne corporation is	EVAMESOA. INC.		······································
SECOND: It is incorpor	rated under the laws o	of Rhode Island		
THIRD: Character of b	usiness, briefly stated,	is Retail Clothing	Store	
FOURTH: If foreign con	rporation, address of i	ts principal office		
Fifth: Business addres	s in Rhode Island	119 Swinburne Row Newpo	ort, R.I. 0	2840
SIXTH: Names and add Name Michael Evangelisti	Offic	Davisons Of Bermuda	(Attach rider mber, street, zip code)	
	Director			iami, FL 3132-192
Michael Evangelisti		_		**************
***************************************	Presideni			
	Vice Pres	sident	•••••	***************************************
	Secretary	<i></i>	»».».».».».».».».».».».».».».»	
•••••	Treasure	r	***********************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SEVENTH: Number of S	hares authorized:		Par Value	
No. of Shares	Class	Series	or statement tha shares are withou par value	
10,000	Common	PAID	1.00	
		MAY 1 1 1992		
EIGHTH: Number of Sh.	ares issued:	SECY OF STATE	Par Value or statement that	
No. of Shares	Class	Series	shares are withou par value	-
10,000	Common		1.00	
Dated March 28	19	Evansco, Inc.		······
		Pr. Ward		
(Report must be signed	by an officer)	Title President	**********	*************
Form 31 1.25	•			

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

SECOND: It is incorporated THIRD: Character of business	•		
FOURTH: If foreign corpora	ation, address of its prin	ncipal office	
FIFTH: Business address in	Rhode Island \\9	Swy burne Row	2
	News	PORT, PZD	0284v
SIXTH: Names and addresss Name Name Name	Office Director	Address (inc	(Attach rider if necessary) Juding number, street, zip code) That Land 12 333
	Director Director		
Michael Einney list	President Vice President Secretary	4.	•
	Treasurer		
SEVENTH: Number of Share	s authorized:		Par Value
No. of Shares 2006	Class	Series PM5	or statement that shares are without par value Shares with out
Eіднтн: Number of Shares	issued:	Cy 02 7991	Par Value
No. of Shares 2 600	Class	Series 37	or statement that shares are without par value
	. 19 91	^	Par value

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

Corporate ID 0042	186	Annual Report for the ye	ar 1990
FIRST: The name of	of the corporation is	VANSCO, INC	
SECOND: It is income	porated under the laws of	hods Island	
THIRD: Character of	of business, briefly stated, is	letul Clothing	
Fourth: If foreign	corporation, address of its princ	ipal office	•
FIFTH: Business add	dress in Rhode Island //9	Sun burne Row	
	New	purt, RJ 02840	
	addresses of its directors and off	•	(Attach rider if necessary)
Michael Everngelis	ti Nes Director	95411 NW 181 G	Plantation Fi 3313
	Director		
	Director		
	President .	PAID	
/1	Vice President	JUL 1 0 1990	
	Secretary	SEC'Y. OF STATE	
	Treasurer		
SEVENTH: Number	of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
2600	Common	_	without poi value
EIGHTH: Number of	Shares issued:		Par Value
No. of Shares	Class	Series	or statement that shares are without
2000	Comm		wood par volue
Dated 66 23	1990 8	ugnaco Inc	
,	(Name	of Corporation)	
	Ву	Michel Zugal	•••••••••••••••••••••••••••••••••••••••
_			

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	0042186	Annual Report	for the year 1989
First: The	name of the corporation is	EVANSCO, INC.	
Second: I	is incorporated under the law	vs of Phode Beau	
THIRD: Ch	aracter of business, briefly state	ted, is Rosal Comming	•
Fourth: If	foreign corporation, address	of its principal office	
Fifth: Busi	ness address in Rhode Island	109 Swabure Paw	Newper, RI 0254
Sixth: Nan	nes and addresses of its directo		(Attach rider if necessary)
Michael V. Evax	gels! Direc	ctor PU Bix 333 Ne	wport, RI 02841
	Direc	ctor	
	Direc	ctor	
	President	dent	
	Vice	President	
	Secre	tary	
** ************************************	Treas	urer	
SEVENTH: N	umber of Shares authorized:		Par Value or statement that
No. of Shares	JUUO Class	Series Explicitly	shares are without par value Shares circ without Pur value
Еібнтн: Nu	mber of Shares issued:	14 Kg 841	1905 Par Value
No. of Shares	Class	Series Series	or statement that shares are without par value
Dated 100 2	78 19 <i>F</i> 7	(Name of Corporation) By	
(Report n	nust be signed by an officer)	Title Ples, des	

State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

rporate ID 42186	Annual Report for the year
FIRST: The name of the corporation is	EUANSTH, INF.
SECOND: It is incorporated under the laws of Third: Character of business, briefly stated,	is Room Sames
FOURTH: If foreign corporation, address of it	ts principal office
FIFTH: Business address in Rhode Island	09 Swinburne Prow
<i>N</i>	12mpozs, RI 02840
SIXTH: Names and addresses of its directors a	Address (including number, street, zip code)
Director	
Director	and course to all home address
President	1 Po Box 533 Hubour dillege
Vice Pres Secretary	sident Newport, RI, 02840 Bly 2 Apt 4 M.DDlehus N. RI
Treasure	Ø.
SEVENTH: Number of Shares authorized:	Par Value Or statement that
No. of Shares Class	shares are without par value
2000 Common	No PAR
France N. 1 50	JAN 25 1988
EIGHTH: Number of Shares issued:	SEC'Y. OF STATE Par Value or statement that
No. of Shares Class	Series Shares are without par value
2000 Common	No par.
ed faring 12 19 18	(Name of Corporation)
	By Frycholi
(Report must be signed by an officer)	Title PRSSIDENT