



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 02903-1535  
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. 42186		2. Name of Corporation EVANSCO, INC.		
3. Street Address Principal Business Office 119 SWINBURNE ROW		City NEWPORT	State R.I.	Zip 02840
4. Business Phone No. 401-847-0103		5. State of Incorporation RHODE ISLAND		6. SIC Code 3939
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL CLOTHING				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name MICHAEL EVANGELISTI		Vice President Name		
Street Address 349 IDLEWYLD DRIVE		Street Address		
City FT LAUDERDALE	State FL	Zip 33301	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
2,000 NO PAR VALUE			2000	Com
				NO PAR

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



File Date	FILED	2005
Check No.	APR 14	2005
By	By	LB
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

Michael Evangelisti

Print or Type Name of Officer

President

Title of Officer

Date

Jan 31, 2005



## 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. 42186		2. Name of Corporation EVANSCO, INC.			
3. Street Address Principal Business Office 349 Idlewyld Dr.		City Ft. Lauderdale		State FL	Zip 33301
4. Business Phone No. 954-463-5546		5. State of Incorporation RHODE ISLAND			6. SIC Code 3939
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL CLOTHING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Evangelisti			Vice President Name n/a		
Street Address 349 Idlewyld Dr.			Street Address		
City Ft. Lauderdale	State FL	Zip 33301	City	State	Zip
Secretary Name n/a			Treasurer Name n/a		
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 President acting as			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			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 2.23.04  
Check No. 16525  
By: 16P

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

Michael Evangelisti

Print or Type Name of Officer

President  
Title of Officer

Date

Jan 14, 2004



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

Edward S. Inman, III, Secretary  
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. **42186** 2. Name of Corporation **EVANSCO, INC.**

3. Street Address Principal Business Office

**349 Idlegayld Dr**

City

**FT LINDSEDALE**

State

**RI**

Zip

**33301**

4. Business Phone No

**954-463-5546**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**3939**

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

**Retail Clothing Store**

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

President Name

**Michael Evangelisti**

Vice President Name

**As President**

Street Address

Street Address

City

**349 Idlegayld Dr**

State

**RI**

Zip

**33301**

City

State

Zip

Secretary Name

**As President**

Treasurer Name

**As President**

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

**As President**

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**2,000 NO PAR VALUE**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**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: **1.31.03**

Check No.: **15045**

By: **OK**

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

**Michael Evangelisti**

Print or Type Name of Officer

Title of Officer

**President**

Date

**Jan 26, 2003**



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.

42186

2. Name of Corporation

EVANSCO, INC.

3. Street Address Principal Business Office

344 Idlewylde dr

City

Ft Lauderdale

State

FL

Zip

33301

4. Business Phone No.

954-463-5546

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3939

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

RETAIL

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

President Name

Michael Evangelisti

Vice President Name

Street Address

344 Idlewylde dr

Street Address

City

Ft Lauderdale

State

FL

Zip

33301

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

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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: 1/31/02

Check No.: 13103

By: ME

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

Michael Evangelisti

Date

January 10, 2002

Print Name of Officer

President

Title of Officer



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

Corporations Divis.  
100 North Main Street, Providence, RI 02903-15  
401-222-3111



**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. <b>42186</b>		2. Name of Corporation <b>Evansco Inc</b>			
3. Street Address Principal Business Office <b>349 Idlewyld dr</b>			City <b>Ft Lauderdale</b>	State <b>FL</b>	Zip <b>33301</b>
4. Business Phone No <b>954-463-5546</b>		5. State of Incorporation <b>Rhode Island</b>			6. SIC Code <b>3939</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Retail CLOTHING</b>					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Michael Evangelist</b>			Vice President Name →		
Street Address <b>349 Idlewyld dr</b>			Street Address →		
City <b>Ft Lauderdale</b>	State <b>FL</b>	Zip <b>33301</b>	City →	State	Zip
Secretary Name <b>As Above</b>			Treasurer Name →		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>As above</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>			<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>2000 No PAR</b>			<b>2000</b>	<b>Com</b>	<b>No Par</b>

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

**FILED**

File Date: **OCT 29 2001**

Check No.: **By SC 80**

By: **CK # 0636**

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

**Michael Evangelist**

Print or Type Name of Officer

**President**

Date

**OCT 16, 2001**



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. **42186** 2. Name of Corporation **EVANSCO, INC.**

3. Street Address Principal Business Office

**349 Idlewyld dr.**

City

**Ft Landerdale**

State

**FL**

Zip

**33301**

4. Business Phone No.

**954-463-5546**

5. State of Incorporation  
**RHODE ISLAND**

6. **5959**

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

**RETAIL CLOTHING**

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

President Name

**Michael Evangelisti**

Vice President Name

**As President**

Street Address

Street Address

City

**349 Idlewyld dr**

State

**FL**

Zip

**33301**

City

State

Zip

Secretary Name

**As above**

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

Director Name

**As above**

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

**2000 NO PAR**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**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 \*

PAID

File Date: **JAN 10 2000**

Check No.: **SECY 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.

Signature of Officer

**Michael Evangelisti**

Print or Type Name of Officer

Title of Officer

Date

**Jan 4, 2000**



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.  
**42186**

2. Name of Corporation  
**EVANSCO, INC.**

3. Street Address Principal Business Office  
**2101 N. ANDREWS AVENUE, SUITE 106**

City State Zip  
**FT. LAUDERDALE FLORIDA 33311**

4. Business Phone No.  
**(954)630-9113**

5. State of Incorporation  
**RHODE ISLAND** 6. SIC Code  
**3939**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**RETAIL CLOTHING STORE**

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

President Name  
**MICHAEL EVANGELISTI**

Vice President Name

Street Address  
**SAME AS ABOVE**

Street Address

City State Zip  
**SAME AS ABOVE**

City State Zip

Secretary Name  
**MICHAEL EVANGELISTI**

Treasurer Name  
**MICHAEL EVANGELISTI**

Street Address  
**SAME AS ABOVE**

Street Address  
**SAME AS ABOVE**

City State Zip  
**SAME AS ABOVE**

City State Zip  
**SAME AS ABOVE**

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

Director Name  
**MICHAEL EVANGELISTI**

Director Name

Street Address  
**SAME AS ABOVE**

Street Address

City State Zip  
**SAME AS ABOVE**

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
<b>2000 NO PAR</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>2,000</b>	<b>COM</b>	<b>NO PAR</b>

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



File Date: **1-14-99**

Check No.: **8848**

By: **AMF**

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

Date

**MICHAEL EVANGELISTI**

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.

2. Name of Corporation

42188

EVANSCO, INC.

3. Street Address Principal Business Office

City

State

Zip

2101 N. Andrews Avenue, Ste 106

Ft. Lauderdale

FL

33311

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(954) 630-9113

RHODE ISLAND

3939

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

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

State

Zip

City

State

Zip

Same as above

Secretary Name

Treasurer Name

Michael Evangelisti

Michael Evangelisti

Street Address

Street Address

Same as above

Same as above

City

State

Zip

City

State

Zip

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

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

2000 NO PAR

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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.: 7520

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

Date

Michael Evangelisti

Print or Type Name of Officer

President





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.

42186

2. Name of Corporation

EVANSCO, INC.

3. Street Address Principal Business Office

119 Swinburne Row

City

Newport

State

RI

Zip

02840

4. Business Phone No.

954-630-9113

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3939

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

Retail Clothing Sales

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

President Name

Michael Evangelisti

Vice President Name

Street Address

2101 N. Andrews Avenue

Street Address

City

State

Zip

Ft. Lauderdale FL

33311

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)

Director Name

Michael Evangelisti

Director Name

Street Address

2101 N. Andrews Avenue

Street Address

City

State

Zip

Ft. Lauderdale FL

33311

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares 2,000

Class/Series

2,000

Par Value None

ISSUED SHARES

Number of Shares

2000

Class/Series

2000

Par Value None

2000 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: 8/21/97

Check No.: 5999

By: CEC / JEC

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

MICHAEL EVANGELISTI

Print or Type Name of Officer

PRESIDENT

Title of Officer

PROFIT CORPORATON  
ANNUAL REPORT

1996

Filing Period: January 1-March 1  
Filing Fee: \$100



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

CORPORATION

AS A FIRM

0042186

EVANS CO INC.

3 STREET ADDRESS

2101 N. Andrews Ave #106 Ft Lauderdale FL 33311

ZIP CODE

4 BUSINESS

954-630-9113

Rhode Island

5 TYPE OF BUSINESS

6 BRIEF

Retail Clothing Outlet

7 PRESIDENT

Michael Evangelisti

8 STREET ADDRESS

349 Idlewyld dr. Ft Lauderdale FL

33301

9 ZIP CODE

10 SECRETARY

As Above

11 STREET ADDRESS

12 CITY

13 STATE

As Above

14 TAX

15 ADD VALUE

2000 without Par

2000 without par



File Date

8/26/96

Check No

1467

By:

ce

For Secretary of State Use Only



Evangelisti

Michael Evangelisti

President

Title of Officer

Aug 20, 1996

I, the undersigned, have examined the records and statements, and find them to be 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: 1995

Name of Corporation: EVANSOQ, 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):  
☒ 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):  
119 Swinburne Row  
Newport, RI 02840  
Phone: (401) 847-0103

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

Retail Clothing

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Michael V. Evangelisti	349 Idlewyld dr	Providence, RI 02901
VICE PRESIDENT			
SECRETARY			
TREASURER			

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares: 2000  
Class / Series: without Par

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

Number of Shares: 2000  
Class / Series: without Par

Date: January 18, 1995

By: Michael Evangelisti  
Michael Evangelisti  
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.

MICHAEL V. EVANGELISTI  
109 SWINBURNE ROW  
NEWPORT RI 02840

FILED  
OK  
JAN 20 1995  
4462

Filing Fee \$30.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

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

Corporate ID: 0042185 Annual Report for the year: 1994  
EVANSO, INC.

Name of Business Entity: \_\_\_\_\_

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office

N/A

Phone: \_\_\_\_\_

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

119 Swinburne Row  
Newport, R.I. 02840

Phone (401) 847-0103

Business Entity is (check one)

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-2.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Michael Evangelisti  
46 Danvers of Bermuda  
Box N.W. 16th St 4-B  
Plantation, FL 33313

Best statement of the character of business conducted in Rhode Island

Retail Clothing Store

Date of Organization: March 12, 1987

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

March 12, 1987

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check one): \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Michael Evangelisti 9541 N.W. 18th Ct Plantation, FL 33322

☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check one): \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check one): \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check one): \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

THE NAMES OF THE DIRECTORS ARE:

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

As above

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 2000

CLASS

SERIES

PAR VALUE OR

WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 2000

CLASS

SERIES

PAR VALUE OR

WITHOUT PAR

Date Feb. 6, 1994

By: \_\_\_\_\_

Michael Evangelisti

President

TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

MICHAEL V. EVANGELISTI  
109 SWINEBURNE ROW  
NEWPORT RI 02840

FILED

MAR 14 1994

By: ME59.3348



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

339  
KPT#30

Corporate ID 0042185 Annual Report for the year 1993

FIRST: The name of the corporation is EVANSCO, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Retail Clothing

FOURTH: If foreign corporation, address of its principal office /

FIFTH: Business address in Rhode Island 119 Swinburne Row

Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
Michael Evangelisti	Director	9541 N.W. 18th Ct Plantation FL 33322
	Director	
	Director	
Michael Evangelisti	President	"
Michael Evangelisti	Vice President	"
"	Secretary	"
"	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares 2000 Class

Series

Par Value  
or statement that  
shares are without  
par value

Shares w/out  
Par value

EIGHTH: Number of Shares issued:

No. of Shares 2000 Class

Series

Par Value  
or statement that  
shares are without  
par value

Shares w/out  
Par value

Dated Feb 23, 1993 19

Evansco Inc  
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

2334 96  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 024218E Annual Report for the year 1992

FIRST: The name of the corporation is EVANSCO, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Retail Clothing Store

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 119 Swinburne Row Newport, R.I. 02840

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

Name	Office	Address (including number, street, zip code)
Michael Evangelisti	Director	Davisons of Bermuda 401 Biscayne Blvd. N-125/126 Miami, FL 33132-1924
	Director	
	Director	
Michael Evangelisti	President	Same as above
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000	Common	PAID	1.00

MAY 11 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000	Common		1.00

SECY OF STATE

Dated March 28 19 92

Evansco, Inc.

(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0042186 *MC* Annual Report for the year 1991

FIRST: The name of the corporation is EVANSCO, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Remedial Cleaning

FOURTH: If foreign corporation, address of its principal office —

FIFTH: Business address in Rhode Island 119 Swanburne Row  
Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
<u>Michael Evangelisti</u>	<u>Director</u>	<u>9541 NW 18th Ct Plantation FL 33322</u>
	<u>Director</u>	
	<u>Director</u>	
	<u>President</u>	
<u>Michael Evangelisti</u>	<u>Vice President</u>	<u>"</u>
	<u>Secretary</u>	<u>"</u>
	<u>Treasurer</u>	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares 2000 Class

Series

Par Value  
or statement that  
shares are without  
par value

Shares without  
Par value

EIGHTH: Number of Shares issued:

No. of Shares 2000 Class

Series

Par Value  
or statement that  
shares are without  
par value

Shares without  
Par value

Dated January 16 19 91

Evansco Inc  
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0042165

Annual Report for the year 1990

FIRST: The name of the corporation is EVANSCO, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Retail Clothing

FOURTH: If foreign corporation, address of its principal office. —

FIFTH: Business address in Rhode Island 119 Swanbuck Row  
Newport, RI 02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Michael Evangelisti</u>	<u>Pres</u> Director	<u>95411 NW 18th Ct Plantation FL 33131</u>
	Director	
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

PAID

JUL 10 1990

SEC'Y. OF STATE

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

2000

Common

—

without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

2000

Common

—

with par value

Dated Feb 23 19 90

Evansco Inc  
(Name of Corporation)

By Michael Evangelisti



# 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: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Retail Clothing

FOURTH: If foreign corporation, address of its principal office. —

FIFTH: Business address in Rhode Island 109 Swanburne Row, Newport, RI 02846

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Michael V. Evangelist</u>	<u>Director</u>	<u>PO Box 533 Newport, RI 02846</u>
	<u>Director</u>	
	<u>Director</u>	
	<u>President</u>	
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares 2000 Class

Series

Par Value  
or statement that  
shares are without  
par value

Shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares Class

Series

Par Value  
or statement that  
shares are without  
par value

*[Stamp: APR 23 1989  
OFFICE OF SECRETARY OF STATE]*

Dated Feb 28 19 89

Evansco Inc  
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 42186Annual Report for the year 1988FIRST: The name of the corporation is EVANSCO, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is Real Estate SalesFOURTH: If foreign corporation, address of its principal office —FIFTH: Business address in Rhode Island 109 Swinburne Row  
Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
	President	
<u>Michael V. Evangelist</u>	Vice President	<u>2nd. corner to home address</u> <u>P.O. Box 533</u> <u>Newport, RI, 02840</u> <u>Bldg 2 Apt 4</u> <u>Middletown, RI 02840</u>
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares

2000

Class

CommonSeries  
**PAID**

JAN 25 1988

Par Value  
or statement that  
shares are without  
par valueNo PAR

EIGHTH: Number of Shares issued:

No. of Shares

2000

Class

Common

Series

Par Value  
or statement that  
shares are without  
par valueNo PARDated January 12 19 88

(Name of Corporation)

By EvangelistTitle PRESIDENT

(Report must be signed by an officer)