



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. 118090		2. Name of Corporation Hair Solutions, Inc.			
3. Street Address Principal Business Office 1243 Mineral Spring Avenue			City N. Providence	State RI	Zip 02904
4. Business Phone No. (401) 726-6800		5. State of Incorporation RHODE ISLAND		6. SIC Code 8110	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE AS A FULL SERVICE HAIR SALON INCLUDING HAIR REPLACEMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Linda A. Piccione			Vice President Name Linda A. Piccione		
Street Address 1243 Mineral Spring Avenue			Street Address 1243 Mineral Spring Avenue		
City N. Providence	State RI	Zip 02904	City N. Providence	State RI	Zip 02904
Secretary Name Linda A. Piccione			Treasurer Name Linda A. Piccione		
Street Address 1243 Mineral Spring Avenue			Street Address 1243 Mineral Spring Avenue		
City N. Providence	State RI	Zip 02904	City N. Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Linda A. Piccione			Director Name		
Street Address 1243 Mineral Spring Avenue			Street Address		
City N. Providence	State RI	Zip 02904	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
1,000 COMM NO PAR VALUE			NONE		

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



File Date 2.22.05
Check No. 2141
By: 2
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.

Linda A. Piccione 2-1-05
Signature of Officer Date
Linda A. Piccione
Print or Type Name of Officer
President
Title of Officer



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. 118090		2. Name of Corporation Hair Solutions, Inc.			
3. Street Address Principal Business Office 1243 MINERAL SPRING AVENUE			City N. PROVIDENCE	State RI	Zip 02904
4. Business Phone No (401) 726-6800		5. State of Incorporation RHODE ISLAND			6. SIC Code 8110
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE AS A FULL SERVICE HAIR SALON INCLUDING HAIR REPLACEMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LINDA A. PICCIONE			Vice President Name LINDA A. PICCIONE		
Street Address 1243 MINERAL SPRING AVENUE			Street Address 1243 MINERAL SPRING AVENUE		
City N. PROVIDENCE	State RI	Zip 02904	City N. PROVIDENCE	State RI	Zip 02904
Secretary Name LINDA A. PICCIONE			Treasurer Name LINDA A. PICCIONE		
Street Address 1243 MINERAL SPRING AVENUE			Street Address 1243 MINERAL SPRING AVENUE		
City N. PROVIDENCE	State RI	Zip 02904	City N. PROVIDENCE	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LINDA A. PICCIONE			Director Name		
Street Address 1243 MINERAL SPRING AVENUE			Street Address		
City N. PROVIDENCE	State RI	Zip 02904	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
1,000 COMM NO PAR VALUE			NONE		

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



* 1 1 8 0 9 0 *

File Date 2/19/04
Check No. 1818
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.

Linda A Piccione 1-8-04
Signature of Officer Date
LINDA A. PICCIONE
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **118090** 2. Name of Corporation **Hair Solutions, Inc.**
3. Street Address Principal Business Office
1243 Mineral Spring Avenue City **N. Providence** State **RI** Zip **02904**
4. Business Phone No. **(401) 726-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**
7. Brief Description of the Character of Business Conducted in Rhode Island **To operate as a full service hair salon including hair replacements and any other lawful purpose.**

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

President Name Linda A. Piccione Street Address 1243 Mineral Spring Avenue City N. Providence State RI Zip 02904 Secretary Name Linda A. Piccione Street Address 1243 Mineral Spring Avenue City N. Providence State RI Zip 02904	Vice President Name Linda A. Piccione Street Address 1243 Mineral Spring Avenue City N. Providence State RI Zip 02904 Treasurer Name Linda A. Piccione Street Address 1243 Mineral Spring Avenue City N. Providence State RI Zip 02904
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Linda A. Piccione Street Address 1243 Mineral Spring Avenue City N. Providence State RI Zip 02904	Director Name Street Address City State Zip
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED 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



* 1 1 8 0 9 0 *

File Date: 2.21.03
Check No.: 1996
By: LLP

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.

Linda A. Piccione
Signature of Officer _____ Date _____

Linda A. Piccione
Print or Type Name of Officer _____

President
Title of Officer _____



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. **118090** 2. Name of Corporation **Hair Solutions, Inc.**
3. Street Address Principal Business Office **1243 Mineral Spring Avenue** City **N. Providence** State **RI** Zip **02904**
4. Business Phone No. **(401) 726-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**
7. Brief Description of the Character of Business Conducted in Rhode Island **To operate as a full service hair salon including hair replacement and any other lawful purpose.**

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

President Name Linda Piccione	Vice President Name Linda Piccione
Street Address 1243 Mineral Spring Avenue	Street Address 1243 Mineral Spring Avenue
City State Zip N. Providence RI 02904	City State Zip N. Providence RI 02904
Secretary Name Linda Piccione	Treasurer Name Linda Piccione
Street Address 1243 Mineral Spring Avenue	Street Address 1243 Mineral Spring Avenue
City State Zip N. Providence RI 02904	City State Zip N. Providence RI 02904

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

Director Name Linda Piccione	Director Name
Street Address 1243 Mineral Spring Avenue	Street Address
City State Zip N. Providence RI 02904	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	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED 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



* 1 1 8 0 9 0 *

File Date: 3.18.02
Check No.: 1227
By: [Signature]

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] 02-22-02
Signature of Officer Date

Linda A. Piccione
Print or Type Name of Officer
President
Title of Officer