



**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. **74592** 2. Name of Corporation **Salon Vogue, Inc.**  
3. Street Address Principal Business Office City State Zip  
**246 Main Street East Greenwich RI 02818**  
4. Business Phone No (401) 886-4046 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**hairdressing and cosmetic therapy and related services**

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

President Name <b>Maria Scott</b>	Vice President Name <b>Francesca Montesanti</b>
Street Address <b>48 Villa Avenue</b>	Street Address <b>55 Flanders St</b>
City State Zip <b>N. Providence RI 02894</b>	City State Zip <b>Johnston RI 02919</b>
Secretary Name <b>Francesca Montesanti</b>	Treasurer Name <b>Maria Scott</b>
Street Address <b>55 Flanders Street</b>	Street Address <b>48 Villa Avenue</b>
City State Zip <b>Johnston RI 02919</b>	City State Zip <b>N. Providence RI 02904</b>

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

Director Name <b>Maria Scott</b>	Director Name <b>Francesca Montesanti</b>
Street Address <b>48 Villa Avenue</b>	Street Address <b>55 Flanders Street</b>
City State Zip <b>N. Providence RI 02904</b>	City State Zip <b>Johnston RI 02919</b>
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  
**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 Common NO PAR V**

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



\* 7 4 5 9 2 \*

File Date: 3/12  
Check No.: 2286  
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: 3/1/98  
Print or Type Name of Officer: Maria A. Scott  
Title of Officer: President



**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. **74592** 2. Name of Corporation **Salon Vogue, Inc.**  
3. Street Address Principal Business Office **246 Main Street** City **East Greenwich** State **RI** Zip **02818**  
4. Business Phone No. **(401) 886-4046** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8110**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**hairdressing and cosmetic therapy and related services**

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

President Name <b>Maria Scott</b> Street Address <b>48 Villa Ave</b> City <b>N. Providence</b> State <b>RI</b> Zip <b>02894</b>	Vice President Name <b>Francesca Montesanti</b> Street Address <b>55 Flanders St</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
Secretary Name <b>Francesca Montesanti</b> Street Address <b>55 Flanders St</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Treasurer Name <b>Maria Scott</b> Street Address <b>48 Villa Ave</b> City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>

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

Director Name <b>Maria Scott</b> Street Address <b>48 Villa Ave</b> City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>	Director Name <b>Francesca Montesanti</b> Street Address <b>55 Flanders St</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
Director Name  Street Address  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
<b>1,000 SHS</b>	<b>NO PAR VALUE</b>		<b>200</b>		<b>none</b>

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



File Date: 1/31/97  
Check No.: 1082  
By: [Signature] SEC  
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: 1/27/97  
Print or Type Name of Officer: \_\_\_\_\_  
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) 277-3

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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO 0074592  
2 NAME OF CORPORATION Salon Vogue, Inc.  
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 246 Main Street  
CITY East Greenwich STATE RI ZIP CODE 02818  
4 BUSINESS PHONE NO (401) 886-4064  
5 STATE OF INCORPORATION Rhode Island  
6 SIC CODE 8110

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
hairdressing and cosmetic therapy and related services

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
Maria Scott			Francesca Montesanti		
STREET ADDRESS			STREET ADDRESS		
48 Villa Avenue			55 Flanders Street		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
N. Providence	RI	02904	Johnston	RI	02919
SECRETARY NAME			TREASURER NAME		
Francesca Montesanti			Maria Scott		
STREET ADDRESS			STREET ADDRESS		
55 Flanders Street			48 Villa Avenue		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Johnston	RI	02919	N. Providence	RI	02904

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
Maria Scott			Francesca Montesanti		
STREET ADDRESS			STREET ADDRESS		
48 Villa Avenue			55 Flanders Street		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
N. Providence	RI	02904	Johnston	RI	02919
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY			CITY		
STATE	STATE	ZIP CODE	STATE	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
1000	no par		200	no par	

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

**FILED**

OCT 22 1996

BY *[Signature]*  
173450

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

*Francesca Montesanti*  
Signature of Officer

FRANCESCA MONTESSANTI  
Print or Type Name of Officer

Vice-president, secretary  
Title of Officer

File Date:

10/22/96

Check No:

By:

For Secretary of State Use Only

Date

FORM 31 12/94

Filing Fee \$50.00  
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: 0074592 Annual Report for the year: 1995

Name of Business Entity: Salon Vogue, Inc.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: 050473677

For foreign entity, address and telephone number of principal office

Phone

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

246 Main Street

East Greenwich, RI 02818

Phone 401 885-4064

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

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

DEVENEY & HAGOPIAN

1215 Reservoir Avenue

Cranston, RI 02920

Brief statement of the character of business conducted in Rhode Island

hairdressing and cosmetic therapy and related services

Date of Organization: November 15, 1993

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

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> OFFICER (PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER)	<u>Maria Scott</u>	<u>48 Villa Avenue</u>	<u>North Providence, RI 02904</u>
<input type="checkbox"/> OFFICER (SECRETARY, TREASURER)	<u>Francesca Pimental</u>	<u>55 Flanders Street</u>	<u>Johnston, RI 02919</u>
<input type="checkbox"/> OFFICER (SECRETARY, TREASURER)	<u>Francesca Pimental</u>	<u>55 Flanders Street</u>	<u>Johnston, RI 02919</u>
<input checked="" type="checkbox"/> OFFICER (FINANCIAL OFFICER, DIRECTOR, MANAGER, SUPERVISOR)	<u>Maria Scott</u>	<u>48 Villa Avenue</u>	<u>North Providence, RI 02919</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Maria Scott</u>	<u>48 Villa Avenue</u>	<u>North Providence, RI 02904</u>	<u>02904</u>
<u>Francesca Pimental</u>	<u>55 Flanders Street</u>	<u>Johnston, RI 02919</u>	<u>02919</u>

NUMBER OF SHARES AUTHORIZED (if Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)
NUMBER <u>1000 no par</u>	NUMBER <u>200 no par</u>
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR	PAR VALUE OR WITHOUT PAR

Date 2/20/95 19 95 By Maria Scott

Maria Scott  
PRESIDENT OR VICE PRESIDENT  
President  
TITLE OF THE OFFICER

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

Susan E. Deveney  
1215 Reservoir Avenue  
Cranston, RI 02920

FILED

OCT 22 1995

By [Signature]  
173-150

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

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

Corporate ID: 0074592 Annual Report for the year: 1994

Name of Business Entity: Salon Vogue, Inc.

Business entity organized under the laws of the State of: RI Business Entity is (check one)

Federal Taxpayer Identification Number: 050473677  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)  
 Limited Liability Company (See RIGL 7-16)

For foreign entity, address and telephone number of principal office

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

DEVENEY & HAGOPIAN

1215 Reservoir Avenue

Cranston, RI 02920

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

246 Main Street

East Greenwich, RI 02818

Phone: (401) 886-4064

Brief statement of the character of business conducted in Rhode Island:  
hairdressing and cosmetic therapy and related services

Date of Organization: November 15, 1993

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

THE NAMES OF THE OFFICERS ARE:

CHIEF FINANCIAL OFFICER  PRESIDENT  SECRETARY

Maria Scott 48 Villa Avenue North Providence, RI 02904

TREASURER  VICE PRESIDENT  DIRECTOR

Francesca Pimental 55 Flanders Street Johnston, RI 02919

ASSISTANT SECRETARY  ASSISTANT TREASURER

Francesca Pimental 55 Flanders Street Johnston, RI 02919

THE ASSISTANT CLERK OF THE BOARD  TRANSFER AGENT

Maria Scott 48 Villa Avenue North Providence, RI 02904

THE NAMES OF THE DIRECTORS ARE:

Maria Scott 48 Villa Avenue North Providence, RI 02904

Francesca Pimental 55 Flanders Street Johnston, RI 02919

NUMBER OF SHARES AUTHORIZED (if Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER 1000 no par NUMBER 200 no par

CLASS CLASS

SERIES SERIES

PAR VALUE OR WITHOUT PAR PAR VALUE OR WITHOUT PAR

Date: 2/20/95 By: Maria Scott

Maria Scott  
REGISTERED NAME OF FORMERING

President  
TITLE OF FORMERING

Form 21 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 11C-3 must be filed.

SUSAN E. DEVENEY  
1215 RESERVOIR AVENUE  
CRANSTON RI 02920

FILED

OCT 22 1996

BY [Signature]  
173458