Form No. 47 NH

NEW HAMPSHIRE ANNUAL REPORT
SECRETARY OF STATE, CONCORD, NH

KEENE MAIN STREET SALON, INC.
64 MAIN ST
KEENE NH 03431-3701

INDICATE CHANGES IN ABOVE ANNUAL REPORT MAILING ADDRESS. **THIS COMPLETE FORM MUST BE SUBMITTED. DO NOT SEPARATE ANY PART OF THE FORM.**

A $50.00 LATE FILING FEE IS DUE ON ALL REPORTS NOT RECEIVED ON OR BEFORE APRIL 15. (SEE INSTRUCTIONS.)

INFORMATION ON THIS REPORT SHALL BE AS OF JANUARY 1, 2003 FOR REPORT DUE APRIL 1, 2003

RECEIVED
APR 04 2003
NEW HAMPSHIRE
SECRETARY OF STATE

204480 Not to be Filled in:
Date
Check No 51463
Amount 100

$100.00 REPORT FEE

$100.00 TOTAL DUE

PLEASE TYPE OR PRINT IN INK

NAME OF CORPORATION
KEENE MAIN STREET SALON, INC.

AMENDMENT MUST BE FILED TO CHANGE NAME. SEE NOTE "A" ON REVERSE SIDE.

FEDERAL ID#	0	2	—	0	4	6	9	6	7	2
CORRECTED ID#			—							

COMPLETE ADDRESS OF PRINCIPAL OFFICE:
64 MAIN ST
KEENE, NH 03431

CORRECTION IN ABOVE ADDRESS:

INCORPORATED UNDER THE LAWS OF:
STATE NH

COMPLETE INFORMATION AS OF JANUARY 1, 2003

NATURE OF BUSINESS IN NH:
Beauty Salon

PRINCIPAL OFFICERS

PRESIDENT
Lorraine Cilberti
BUSINESS ADDRESS: NO. STREET
64 Main Street
TOWN/CITY STATE ZIP
Keene NH 03431

TREASURER
Fotini Glimenakis
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

SECRETARY
Howard Lane
BUSINESS ADDRESS: NO. STREET
106 Washington Street
TOWN/CITY STATE ZIP
Keene NH 03431

REGISTERED AGENT/REGISTERED OFFICE

HOWARD B LANE JR ESQ
106 WASHINGTON ST
PO BOX 472
KEENE, NH 03431

REQUEST FORM 9 TO CHANGE REGISTERED AGENT OR REGISTERED OFFICE. SEE NUMBER 1 ON REVERSE SIDE.

DIRECTORS

AT LEAST ONE DIRECTOR REQUIRED. NAME(S) OF DIRECTOR(S) MUST BE ENTERED EVEN IF SAME AS OFFICER(S).

DIRECTOR
Lorraine Cilberti
BUSINESS ADDRESS: NO. STREET
64 Main Street
TOWN/CITY STATE ZIP
Keene NH 03431

DIRECTOR
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

IF THERE ARE ANY ADDITIONAL DIRECTORS, PLEASE ATTACH ADDITIONAL SHEET.

TO BE SIGNED BY AN OFFICER, DIRECTOR OR ANY OTHER PERSON AUTHORIZED BY THE BOARD OF DIRECTORS.

I, THE UNDERSIGNED DO HEREBY CERTIFY THAT THE STATEMENTS ON THIS REPORT ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

MUST HAVE ORIGINAL SIGNATURE

SIGNATURE Lorraine Cilberti

TYPE OR PRINT NAME: Lorraine Cilberti

TITLE: President