

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of Sta Corporations Divisio 148 W. River & Providence, RI 02904-261 401.222,304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation 160099 DaVinci Spa, Inc. 3. Street Address Principal Business Office State 2740 South County Trail East Greenwich RΙ 02818 4. Business Phone No. 5. State of Incorporation (401) 886-0999 RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island Operate and manage a day spa. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Anthony M. Rocchio Anthony M. Rocchio Sireet Address Street Address 2740 South County Trail 2740 South County Trail City State ZiDCity State ZipEast Greenwich RI 02818 East Greenwich RΙ 02818 Secretary Name Treasurer Name Anthony M. Rocchio Anthony M. Rocchio Street Address Street Address 2740 South County Trail 2740 South County Trail City State State East Greenwich R 02818 East Greenwich RI 02818 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None. Street Address Street Address City State Zip City State Zîo Director Name Director Name Street Address Street Address City State City State Zip Zip10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 🔲 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 100 Common \$0.01 \$.01 PAR VALUE 8,000 Common This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct. *160099* File Date _ Signature Anthony M. Rocchio Print or Type Name

President

Title