



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
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* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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. <u>143066</u>		2. Name of Corporation <u>SUNSHINE SANCTUARY INC.</u>		
3. Street Address Principal Business Office <u>10 FOURTH ST.</u>		City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>
4. Business Phone No. <u>401-848-7546</u>		5. State of Incorporation <u>RI</u>		

6. Brief Description of the Character of Business Conducted in Rhode Island
SKIN CARE SERVICES AND RETAIL

7. NAMES OF THE OFFICERS: (X BOX FOR ATTACHMENT) FILL IN SPACES BELOW USING AN ALPHABETIC FONT

President Name <u>MELISSA HILLAS</u>			Vice President Name <u>STEVE LAWRENCE</u>		
Street Address <u>10 FOURTH ST.</u>			Street Address <u>10 FOURTH ST.</u>		
City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>
Secretary Name <u>MELISSA HILLAS</u>			Treasurer Name <u>MELISSA HILLAS</u>		
Street Address <u>SAME</u>			Street Address <u>SAME</u>		
City <u>SAME</u>	State <u>SAME</u>	Zip <u>SAME</u>	City	State	Zip

8. NAMES OF THE DIRECTORS: (X BOX FOR ATTACHMENT) FILL IN SPACES BELOW USING AN ALPHABETIC FONT

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

9. SHARES AUTHORIZED: (X BOX FOR ATTACHMENT) 10. SHARES ISSUED: (X BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>10,000</u>		<u>0</u>	<u>NONE</u>		

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.

FILED

MAR 03 2008

By 1091

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.

Melissa Hillas 1/7/08
Signature Date

MELISSA HILLAS
Print or Type Name

PRESIDENT
Title

FOR SECRETARY OF STATE USE ONLY

File Date: _____
Check No: _____
By: _____