



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 02904-2615  
401.222.3040

**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.<br>163126                                                                                                              |                  | 2. Name of Corporation<br>B & C ENTERPRISES, INC. |                                                |                  |              |
| 3. Street Address Principal Business Office<br>19 Susan Drive                                                                              |                  |                                                   | City<br>Cumberland                             | State<br>RI      | Zip<br>02864 |
| 4. Business Phone No.<br>580-3279                                                                                                          |                  | 5. State of Incorporation<br>RHODE ISLAND         |                                                |                  |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>TANNING SALON                                               |                  |                                                   |                                                |                  |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS          |                  |                                                   |                                                |                  |              |
| President Name<br>Roy Fonseca                                                                                                              |                  |                                                   | Vice President Name<br>Sherry Fonseca          |                  |              |
| Street Address<br>19 Susan Drive                                                                                                           |                  |                                                   | Street Address<br>19 Susan Drive               |                  |              |
| City<br>Cumberland                                                                                                                         | State<br>RI      | Zip<br>02864                                      | City<br>Cumberland                             | State<br>RI      | Zip<br>02864 |
| Secretary Name<br>Sherry Fonseca                                                                                                           |                  |                                                   | Treasurer Name<br>Roy Fonseca                  |                  |              |
| Street Address<br>19 Susan Drive                                                                                                           |                  |                                                   | Street Address<br>19 Susan Drive               |                  |              |
| City<br>Cumberland                                                                                                                         | State<br>RI      | Zip<br>02864                                      | City<br>Cumberland                             | State<br>RI      | Zip<br>02864 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS         |                  |                                                   |                                                |                  |              |
| Director Name<br>Roy Fonseca                                                                                                               |                  |                                                   | Director Name<br>Sherry Fonseca                |                  |              |
| Street Address<br>19 Susan Drive                                                                                                           |                  |                                                   | Street Address<br>19 Susan Drive               |                  |              |
| City<br>Cumberland                                                                                                                         | State<br>RI      | Zip<br>02864                                      | City<br>Cumberland                             | State<br>RI      | Zip<br>02864 |
| Director Name                                                                                                                              |                  |                                                   | Director Name                                  |                  |              |
| Street Address                                                                                                                             |                  |                                                   | Street Address                                 |                  |              |
| City                                                                                                                                       | State            | Zip                                               | City                                           | State            | Zip          |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                  |                                                   |                                                |                  |              |
| AUTHORIZED SHARES                                                                                                                          |                  |                                                   | ISSUED SHARES — THIS SECTION MUST BE COMPLETED |                  |              |
| Number of Shares                                                                                                                           | Class/Series     | Par Value                                         | Number of Shares                               | Class/Series     | Par Value    |
| 1,000                                                                                                                                      | \$0.01 PAR VALUE |                                                   | 1,000                                          | \$0.01 PAR VALUE |              |
|                                                                                                                                            |                  |                                                   | THIS SECTION MUST BE COMPLETED                 |                  |              |

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.

|                                 |
|---------------------------------|
| File Date                       |
| Check No.                       |
| By                              |
| FOR SECRETARY OF STATE USE ONLY |

FILED  
APR 21 2008

By 056075

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  
Roy Fonseca  
Print or Type Name  
President  
Title

Date 3/12/08