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

A. Ralph Mollis, Secretary of State
Corporations Division
[illegible] W. River Street
Providence, RI 02904-2615
[illegible]

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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(a)) shall be assessed a penalty fee of $25.00*

1. Corporate ID No.	2. Name of Corporation
141031	S.P. Ross Enterprises, Inc.

3. Street Address, Principal Business Office	City	State	Zip
2000 Mendon Road, Suite 4	Cumberland	Rhode Island	02864

4. Business Phone No.	5. State of Incorporation
401-334-3330	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
To own, operate and lease a tanning salon business.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Stephen P. Ross	Stephen P. Ross
Street Address	**Street Address**
26 Townline Road	26 Townline Road
City / State / Zip	**City / State / Zip**
Franklin / MA / 02038	Franklin / MA / 02038
Secretary Name	**Treasurer Name**
Lesley J. Ross	Lesley J. Ross
Street Address	**Street Address**
26 Townline Road	26 Townline Road
City / State / Zip	**City / State / Zip**
Franklin / MA / 02038	Franklin / MA / 02038

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Name	Par Value
100	Common	No Par

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STATE
CORP. DIV.

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.

[redacted]

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.

Lesley J. Ross — 1/24/08
Signature — *Date*

Lesley J. Ross
Print or Type Name

Secretary
Title

[redacted]

File Date 1-16-09
Check No. 2153
By MNC
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