

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 2009

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(e&d)) is

subject to a penalty fee of \$25.00. 1. Corporate ID No. 156434 EXOTIC TANS CONSULTING, INC. 3 Mreet Address Principal Business Office 10 Steeple Lane Lincoln RI 02865 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island TANNING SALON CONSULTING 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 📋 FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Dean Albanese Jamie L. Albanese Street Address Street Address 10 Steeple Lane 10 Steeple Lane City RΙ 02865 Lincoln Ri 02865 Lincoln Jamie L. Albanese Dean Albanese Street Address Street Address 10 Steeple Lane 10 Steeple Lane State 02865 02865 Lincoln RI Lincoln RI 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 Z_{ij} • CHY Ζip Director Name Director Name Street Address Street Address City City State 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 200 Shares Common \$.01 instruction sheet.

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.

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	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.
File Date / -30-09 Check No	Signature Date
	Dean Albanese
	Print or Type Name
	President
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08
	Point OSU Key, U8/08