



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 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 130787		2. Name of Corporation ELITE TANNING INC.		
3. Street Address Principal Business Office 250 BULLOCKS PT. AVE.		City EAST PROVIDENCE	State RI	Zip 02915
4. Business Phone No. 401-437-4826		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island SALES AND SERVICE-TANNING				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name ROSALIE SILVA		Vice President Name		
Street Address 548 PINE ST.		Street Address		
City SEEKONK	State MA	Zip 02771	City	State
Secretary Name ROSALIE SILVA		Treasurer Name		
Street Address 548 PINE ST.		Street Address		
City SEEKONK	State MA	Zip 02771	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name ROSALIE SILVA		Director Name		
Street Address 548 PINE ST.		Street Address		
City SEEKONK	State MA	Zip 02771	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares 500		Class/Series		Par Value NO PAR
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.				

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 report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Rosalie Silva Date 1/30/09
Print or Type Name
ROSALIE SILVA
PRESIDENT
Title

FILED	
File Date	FEB 11 2009
Check No.	By 1643
By:	
FOR SECRETARY OF STATE USE ONLY	