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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.	2. Name of Corporation			
116901	Toscana European Day Spa, Inc.			
3. Street Address Principal Business Office		City	State	Zip
3460 Mendon Road		Cumberland	RI	02864
4. Business Phone No.	5. State of Incorporation			
401-658-5277	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Stamping and coloring of concrete

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

President Name			Vice President Name		
Doina Mandrila			Ana Maria Mandrila		
Street Address			Street Address		
64 Summer Street			64 Summer Street		
City	State	Zip	City	State	Zip
Milford	MA	01750	Milford	MA	01750
Secretary Name			Treasurer Name		
Doina Mandrila			Doina Mandrila		
Street Address			Street Address		
64 Summer Street			64 Summer Street		
City	State	Zip	City	State	Zip
Milford	MA	01750	Milford	MA	01750

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

Director Name			Director Name		
Doina Mandrila			Ana Maria Mandrila		
Street Address			Street Address		
64 Summer Street			64 Summer Street		
City	State	Zip	City	State	Zip
Milford	MA	01750	Milford	MA	01750
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/Series	Par Value
5000	Common	no par

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.

2/24/09
Signature *Date*

Doina Mandrila
Print or Type Name

[redacted]

President
Title

File Date FILED
Check No. MAR 27 2009
By: By 1043
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32016-6-357141

Form 630 Rev. 08/08