



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010**

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. 8726		2. Name of Corporation TANS 2000, INC.			
3. Street Address Principal Business Office 1168 WARWICK AVENUE			City WARWICK	State R.I.	Zip 02888
4. Business Phone No. 401-946-0336		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A TANNING SALON, TO LEASE, SELL & MAINTAIN EQUIPMENT + SUPPLIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name R. Almeida			Vice President Name DONNA DEMIZIO		
Street Address 1168 WARWICK AVE			Street Address 77 HOFFMAN AVE 76		
City WARWICK	State R.I.	Zip 02888	City CRANSTON	State R.I.	Zip 02920
Secretary Name DONNA DEMIZIO			Treasurer Name DONNA DEMIZIO		
Street Address 77 HOFFMAN AVE 76			Street Address 77 HOFFMAN AVE 76		
City CRANSTON	State R.I.	Zip 02920	City CRANSTON	State R.I.	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
600	NO PAR VALUE		100		NO PAR VALUE

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	<b>FILED</b>
Check No.	JUN 01 2010
By:	By 4921 & 4922
FOR SECRETARY OF STATE USE ONLY	

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 Donna Demizio Date 5/15/10  
Print or Type Name DONNA DEMIZIO  
Title Y. Pres