

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 2011

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. 133101	EDGEWO	2. Name of Corporation EDGEWOOD TANNING, INC.				
3. Street Address Principal Business Office 1053 Narragansett Blvd			City Cranston	State RI	<sup>Zip</sup> 02905	
401-781-6300 Rhode Isla		5. State of Incorporation Rhode Island	L			
6. Brief Description of the Che	alon					
President Name  John Levine	ESSES OF THE OFF	CERS: ("X" BOX FOR ATTA	Vice President Name	SPACES BEFORE USING	G ATTACHMENTS	
Street Address 15 Century Lane			Denise Levine  Street Address 15 Century Lane			
City Cranston	State RI	Zip 02921	City Cranston	State RI	<i>zip</i> 02921	
Secretary Name Denise Levine			Treasurer Name John Levine			
Street Address 15 Century Lane			Street Address 15 Century Lane			
City Cranston	State RI	<sup>Ζφ</sup> 02921	City Cranston	State RI	<i>Zip</i> 02921	
8. NAMES AND ADDRE Director Name None	ESSES OF THE DIRE	CTORS: ("X" BOX FOR ATI	TACHMENT)  FILL I	IN SPACES BEFORE USIN	NG ATTACHMENTS	
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 AUTHORIZI	ED '			I D <i>("X" BOX FOR ATTAC</i> ECTION <u>MUST</u> BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value	
			200	Common	No Par	
	····	1-7-7-8				
This report must be executive this report must be executive the executive this report must be executive the execut	cuted on behalf of the	e corporation by an authorize corporation by the receiver of	d representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee.	
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E	ILED		Under penalty of including any acc	perjury, I declare and affirm ompanying schedules and st	that I have examined this report, atements, and that all statements	
File DateFEB	<b>0 4</b> 2011		contained herein	are true and correct.	Fx63 x11	
Check No By	mnc	_	Signature  John Levine		Date	
FOR SECRETARY OF STATE USE ONLY			Print or Type Name			
			President			
	-101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Title		Form 630 Rev. 08/08	