



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

Amend

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. 485899		2. Name of Corporation Capitol Massage and Cosmopolitan Tanning Inc.	
3. Street Address Principal Business Office 100 Fountain Street Unit 1B		City Providence	State RI
4. Business Phone No. (401) 228-7711		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Massage and Bodyworks			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Matthew T. Garner		Vice President Name Matthew T. Garner	
Street Address 621 Central Ave 3rd Floor		Street Address 621 Central Ave 3rd Floor	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
Secretary Name James Martin		Treasurer Name Matthew T. Garner	
Street Address 41 Howe Street		Street Address 621 Central Ave 3rd Floor	
City Cumberland	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 100	Class/Series 0
		Value 0	

This report must be executed on behalf of the corporation by its 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.

OCT 12 2011
By **DS 3.08**

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 **Matthew T. Garner** Date **10**
Print or Type Name **Matthew T. Garner**
Title **President**

File Date _____
Check No. _____
By: _____

FOR SECRETARY OF STATE USE ONLY



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

