



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000117003</b>		2. Exact name of the Corporation <b>Ultimate Rays Tanning Spa, Inc</b>	
3. Principal office address <b>267 Social St</b>		City <b>Woonsocket</b>	State <b>R.I</b>
4. Business Phone No. <b>(401) - 769-3111</b>		5. State of Incorporation <b>R.I</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Proude, maintain, operate and conduct a Tanning Business</b>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>ROGER G. LANOIE</b>		Vice-President Name <b>ROGER John Janne</b>	
Street Address <b>20 Cherry Brook Road</b>		Street Address <b>70 Tifft Road</b>	
City <b>No. Smithfield</b>	State <b>R.I</b>	Zip <b>02896</b>	City <b>No. Smithfield</b>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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
<b>1,000.00</b>		<b>STK</b>	<b>0</b>

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 **FEB 23 2012**

Check No **2943**

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.

**ROGER John Janne** **2/26/12**  
 Signature of Authorized Representative Date

**ROGER G. LANOIE**  
 Print or Type Name of Authorized Representative

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