



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. 133782		2. Exact name of the Corporation CAPITAL TANNING, INC.			
3. Principal office address 1017 SMITH ST			City Providence	State RI	Zip 02909
4. Business Phone No.			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TANNING SALON AND OTHER RELATED RETAIL SALES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DENNIS M. LAVALLEE			Vice-President Name DAVID MARTINS		
Street Address 21 YOUNG ST			Street Address 55 BUCHTHORNE AVE		
City North Providence	State RI	Zip 02904	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name DAVID MARTINS			Treasurer Name DENNIS M. LAVALLEE		
Street Address 55 BUCHTHORNE AVE			Street Address 21 YOUNG STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City North Providence	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DENNIS M. LAVALLEE			Director Name DAVID MARTINS		
Street Address 21 YOUNG ST			Street Address 55 BUCHTHORNE AVE		
City North Providence	State RI	Zip 029104	City EAST PROVIDENCE	State RI	Zip 02915
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			NONE		

FILED
 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 **MAR 12 2012**
 Check No **By: [Signature]**
 By: **51682**

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] 3-5-12
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

DAVID MARTINS

Print or Type Name of Authorized Representative