

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE,

1. Entity ID No.		2. Exact name of the limited liability company							
524243	Envy Ta	Envy Tanning Salon, LLC							
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island Operation of a tanning salon							
Rhode Island	Operatio								
5. Principal office address 203 North Anguilla Road			City Pawcatuck	State CT	Zip 06379				
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTACT F	ERSON:	»··				
Contact Name Sherry Amaral			Contact Title Member						
Street Address 203 North Anguilla Road			City Pawcatuck	State CT	Zip 06379				
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		RESSES) OF THE	LIMITED LIABILITY COMPANY, II	F APPLICABLE - <u>DO</u>	NOT LIST MEMBERS				
Manager Name			Manager Name	Manager Name					
Street Address			Street Address	Street Address					
City	State	Zip	City	State	Zip				
Manager Name			Manager Name	Manager Name					
Street Address			Street Address	Street Address					
City	State	Zip	City	State	Zip				
8. RESIDENT AGENT IN	RHODE ISLAND								
This information is curre	ently of record in th	e Office of the Seci	retary of State. Changes require	filing Form 642.					

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By MRC

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File Date				<u>.</u>	
Check No _					_
Ву:		·			_
FOR SECRE	TARY	OF ST	rate u	ISE O	NLY

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 of Authorized Person Date

Sherry Amarai

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012