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 2013

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.	2. Exact name of the Corporation
130787	Elite Tanning Inc.

3. Principal office address	City	State	Zip
250 Bullocks Point Avenue	East Providence	RI	02915

4. Business Phone No.	5. State of Incorporation
401-437-4826	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Sales and Service- Tanning

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Rosalie Silva					
Street Address: 548 Pine Street			Street Address		
City: Seekonk	State: MA	Zip: 02771	City	State	Zip
Secretary Name: Rosalie Silva			Treasurer Name		
Street Address: 548 Pine Street			Street Address		
City: Seekonk	State: MA	Zip: 02771	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Rosalie Silvs					
Street Address: 548 Pine Street			Street Address		
City: Seekonk	State: MA	Zip: 02771	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500		NO PAR

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 _____
Check No _____
By: _____

FILED
FEB 21 2013
944

FOR SECRETARY OF STATE USE ONLY

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.

Rosalie Silva 2/20/13
Signature of Authorized Representative Date

Rosalie Silva
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
89206-62-828604