



**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>000304848</b>		2. Exact name of the Corporation <b>Spring Break Tanning, Inc.</b>			
3. Principal office address <b>390 Metacom Avenue, Unit 4</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
4. Business Phone No. <b>(401) 253-8200</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Indoor tanning salon</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Lisa A. Louro</b>			Vice-President Name <b>Ronald J. Louro</b>		
Street Address <b>173 Plain Street</b>			Street Address <b>P.O. Box 56</b>		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name <b>Ronald J. Louro</b>			Treasurer Name <b>Lisa A. Louro</b>		
Street Address <b>P.O. Box 56</b>			Street Address <b>173 Plain Street</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Lisa A. Louro</b>			Director Name <b>Ronald J. Louro</b>		
Street Address <b>173 Plain Street</b>			Street Address <b>P.O. Box 56</b>		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Director Name <b>None</b>			Director Name <b>None</b>		
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.					
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STATE OF RHODE ISLAND  
 DIVISION OF BUSINESS SERVICES  
 MAY 12 PM 2:15

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**  
 MAY 12 2014  
 By 223988  
 A.A. 2:19 p.m.

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.

*Lisa Louro* 5/8/14  
 Signature of Authorized Representative Date

**Lisa A. Louro**  
 Print or Type Name of Authorized Representative