



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