



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 2010

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	City Warren	State RI
Zip 02769		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	City Rehoboth	State MA
Zip 02885		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	City Warren	State RI
Zip 02769		Zip 02885	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		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
		200	Common
		PAR VALUE	No Par

SECRETARY OF STATE
 CORPORATIONS DIV
 MAY 12 PM 2:15

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
MAY 12 2014

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 Representative _____ Date **5/8/14**

Lisa A. Louro
 Print or Type Name of Authorized Representative

By **223988**
A.A. 2:17p.m.