

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

HION

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAT

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. 149877 | 2. Exact name of the limited liability company RADIANCE TANNING LLC | | | | |
|--|--|-----------------------------|---------------------------------|------------------------|---------------------|
| 3. State of Formation | Brief description of the character of business conducted in Rhode Island TANNING SALON | | | | |
| 5. Principal office address 1 STARLINE WAY | | | City CRANSTON | State RI | Zip 02921 |
| 6. MAILING ADDRESS OF | LIMITED LIABILI | Y COMPANY AND N | AME OF TITLE OF CONTACT P | ERSON: | |
| Contact Name LISA SIMONE | | Contact Title OWNER/MANAGER | | | |
| Street Address 1 STARLINE WAY | | | City CRANSTON | State RI | Zip 02921 |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | | RESSES) OF THE LI | MITED LIABILITY COMPANY, IF | APPLICABLE - <u>DO</u> | NOTEST MEMBERS |
| Manager Name LISA SIMONE | | | Manager Name | | |
| Street Address 116 BATEMAN AVENUE | | | Street Address | | |
| City CRANSTON | State RI | Zip 02920 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8 RESIDENT AGENT NIR | HODE ISLAND | | | | |
| This information is curren | ntly of record in the | Office of the Secret | ary of State. Changes require f | lling Form 642. | |

FILED

SEP 12 2014

BY 1874

| File Date | | |
|------------|-------------------------------|----------------------------------|
| Check No | e Signatura Lista de Signa | |
| B 455 (100 | e former pro- | and Chic Select O Graph Labor |
| FOR SECRE | TARY OF STA | TE USE ONLY |
| | | |

Form No. 632 Revised: 01/2012 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

LISA SIMONE

Print or Type Name of Authorized Person