

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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.		2. Exact name of the limited liability company					
524243	Envy Tai	Envy Tanning Salon, LLC					
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Operatio	Operation of a tanning salon					
5. Principal office address 203 North Anguilla Road			City Pawcatuck	State CT	Zip 06379		
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:			
Contact Name Sherry Amaral		Contact Title Member					
Street Address 203 North Anguilla Road			City Pawcatuck	State CT	Zip 06379		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY, II	FAPPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	ame		Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	HODE ISLAND						
This information is curren	tly of record in th	e Office of the Secr	etary of State. Changes require	filing Form 642.			

FILED

BY	Under penalty of perjury, I declare and affirm	that I have examined		
File Date	this report, including any accompanying sch	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No	Sherry anguel	9-29-15		
Ву:	Signature of Authorized Person	Date		
TOTAL DISCOUNT OF STATE LIST ONLY	Sherry Amaral			
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012