



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 304848		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
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
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
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
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	PAR VALUE
		100	Common	No Par

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: _____
FOR SECRETARY OF STATE USE ONLY

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: *Lisa A Louro* Date: 12/29/15
 Print or Type Name of Authorized Representative: LISA A LOURO

FILED
JAN 06 2016
 BY KL 18711