



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 2016

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. 35536 | | 2. Exact name of the Corporation LE SOLEIL, LTD. | | | | | | |
| 3. Principal office address 547 Armistice Boulevard | | City Pawtucket | State RI | Zip 02861 | | | | |
| 4. Business Phone No. 401-728-9010 | | 5. State of Incorporation Rhode Island | | | | | | |
| 6. Brief description of the character of business conducted in Rhode Island Establish, maintain and operate a tanning salon, | | | | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | | |
| President Name Madelena Neves | | | Vice-President Name Maria Paula Moran | | | | | |
| Street Address 547 Armistice Boulevard | | | Street Address 547 Armistice Boulevard | | | | | |
| City Pawtucket | State RI | Zip 02861 | City Pawtucket | State RI | Zip 02861 | | | |
| Secretary Name Madelena Neves | | | Treasurer Name Madelena Neves | | | | | |
| Street Address 547 Armistice Boulevard | | | Street Address 547 Armistice Boulevard | | | | | |
| City Pawtucket | State RI | Zip 02861 | City Pawtucket | State RI | Zip 02861 | | | |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | | |
| Director Name Madelena Neves | | | Director Name None | | | | | |
| Street Address 547 Armistice Boulevard | | | Street Address | | | | | |
| City Pawtucket | State RI | Zip 02861 | City | State | Zip | | | |
| 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. | | | | | | | | |
| | | | | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | | | | 200 | Common | No par value |

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

FILED

FEB 19 2016

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.

Madelena Neves
Signature of Authorized Representative

1-26-16
Date

Madelena Neves

Print or Type Name of Authorized Representative