STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*
***Matthew A. Brown,** Secretary of State*

*Corporations Division*
*100 North Main Street*
*Providence, RI 02903-1335*
*401.222.3040*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

***Filing Period: January 1 - March 1' • Filing Fee: $50.00***

***(FORM MUST BE TYPED OR PRINTED IN BLACK)***

| 1. Corporate ID No | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 130201 | ISLAND SUN TANNING CORPORATION | | | |
| 3. Street Address Principal Business Office: 3001 EAST Main Rd | City: Portsmouth | State: RI | Zip: 02871 | |
| 4. Business Phone No.: 401 683-5750 | 5. State of Incorporation: RHODE ISLAND | | 6. SIC Code | |

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE TANNING SERVICES

**8. NAMES AND ADDRESSES OF THE OFFICERS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Vice President Name |
|---|---|
| Louann Laurence | KAThleen Cox |
| Street Address: 44 Cliff Ave | Street Address: 33 Camara Dr. |
| City: Portsmouth State: RI Zip: 02871 | City: Portsmouth State: RI Zip: 02871 |
| **Secretary Name** | **Treasurer Name** |
| Eric Johnsen | Cherylynn Sheehy |
| Street Address: 224 Heritage Ave | Street Address: 21 King Charles Dr |
| City: Portsmouth State: RI Zip: 02871 | City: Portsmouth State: RI Zip: 02871 |

**9. NAMES AND ADDRESSES OF THE DIRECTORS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | Director Name |
|---|---|
| Street Address | Street Address |
| City State Zip | City State Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

**10. SHARES AUTHORIZED** ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|---|---|---|---|---|---|
| *Number of Shares* | *Class Series* | *Par Value* | *Number of Shares* | *Class Series* | *Par Value* |
| 4,000 COMM NO PAR VALUE | | | 200 | Common | No Par |
| | | | | | |

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

Louann Laurence Pres 1/14/05
*Signature of Officer* *Date*

Louann Laurence
*Print or Type Name of Officer*

Pres ID
*Title of Officer*

[redacted]

*File Date* 1/14/05
*Check No.* 5130
*By:* D.
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*
***Matthew A. Brown,** Secretary of State*

*Corporations Division*
*100 North Main Stree*
*Providence, RI 02903-133*
*401.222.304*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

***Filing Period: January 1 - March 1 • Filing Fee: $50.00***

***(FORM MUST BE TYPED OR PRINTED IN BLACK)***

| 1. Corporate ID No. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 130201 | ISLAND SUN TANNING CORPORATION | | | |
| 3. Street Address Principal Business Office: 3001 EAST Main Rd | | City: PORTSMOUTH | State: RI | Zip: 02871 |
| 4. Business Phone No.: 401-683-5750 | 5. State of Incorporation: RHODE ISLAND | | | 6. SIC Code |

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE TANNING SERVICES

**8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| | President Name | Vice President Name |
|---|---|---|
| | Louann Lawrence | KATHLEEN COX |
| Street Address | 44 Cliff Ave | 33 Camara Dr. |
| City / State / Zip | PORTSMOUTH / RI / 02871 | PORTSMOUTH / RI / 02871 |
| | **Secretary Name** | **Treasurer Name** |
| | Eric M. Johnsen | Cherylynn Sheehy |
| Street Address | 44 Cliff Ave | 589 Bristol Ferry Rd #6 |
| City / State / Zip | Portsmouth / RI / 02871 | PORTSMOUTH / RI / 02871 |

**9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| | Director Name | Director Name |
|---|---|---|
| Street Address | | |
| City / State / Zip | | |
| Director Name | | |
| Street Address | | |
| City / State / Zip | | |

**10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|---|---|---|---|---|---|
| *Number of Shares* | *Class/Series* | *Par Value* | *Number of Shares* | *Class/Series* | *Par Value* |
| 4,000 COMM NO PAR VALUE | | | 1000 | Common | NO PAR |
| | | | | | |

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

*130201*

*File Date* 3/04
*Check No.* 5022
*By:* SC

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Louann Lawrence
*Signature of Officer* *Date*

LOUANN Lawrence
*Print or Type Name of Officer*

President
*Title of Officer*

[redacted]

Form 630 Rev. 12/03