



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2016  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2016 JUL 27 AM 11:16

1. Entity ID Number <b>618066</b>		2. Exact name of the Corporation <b>ELITE Body Contouring, Inc</b>					
3. Principal Office Address <b>677 ATWOOD AVE</b>				City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	
4. Business Phone Number <b>401 440-1977</b>				5. State of Incorporation <b>R.I</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Body Contouring / medical</b>							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>LINDA GOLINI RN</b>				Vice-President Name <b>none</b>			
Street Address <b>16 ANGELA AVE</b>				Street Address			
City <b>CRANSTON</b>		State <b>RI</b>		City		Zip	
Secretary Name <b>none</b>		Treasurer Name <b>none</b>		City		Zip	
Street Address		Street Address		City		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name <b>JAMES K. CARDI MD</b>				Director Name			
Street Address <b>677 Atwood Ave</b>				Street Address			
City <b>Cranston</b>		State <b>RI</b>		City		Zip <b>02920</b>	
9. Shares Authorized				10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.				NUMBER OF SHARES <b>200</b>		CLASS/SERIES <b>Comm</b>	
						PAR VALUE <b>\$ .01</b>	
11. 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. <b>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.</b>							
Name of Authorized Representative <b>Linda - Golini RN</b>						Date <b>7-26-2016</b>	
Signature of Authorized Representative <b>LINDA GOLINI</b>						PHEN DOCUMENT HERE	

**FILED**

**JUL 27 2016**

**BY MR 279992**

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov