

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 2017

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					
149877	RADIANCE TANNING LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
RI.	TAHNING SALON (SIDIG) WAY CRANSTON State 2100921					
5. Principal office address			City	State R. I	700921	
1 STARYME WAY			(1747)	1 K. T	00921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name LISA SIMOME			Contact Title DWNFR/MANAGE City CRAW STN State CITY COAM STN DOG 21			
Street Address STANLINE WAY			CRAN ST.	>> State	21p 02921	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT)						
Manage: Name LISIT SIMONE			Manager Name			
Street Address 116 BATEMAN AVE. City CHANSON State 210 2920			Street Address			
Charson	State / T	21p 02920	City	State	Zip	
Manager Name		 	Manager Name			
Street Address			Street Address			
City	State	7 _{lp}	City	State	7ір	
8. RESIDENT AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						

	Under penalty of perjury, I declare and affirm that I have examined			
ile Date	this report, including any accompanying sc			
	and that all statements contained herein are true and correct.			
Check No	X mari	9/12/17		
	Signature of Authorized Person	Date		
By:		Date		
OR CEORETARY OF CTATE HOT ONLY	LISA SIMANE			
OR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012