



**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. 117003		2. Name of Corporation Ultimate Rayz Tanning Spa, Inc.			
3. Street Address Principal Business Office 267 Social St.			City Woonsocket	State R.I	Zip 02895
4. Business Phone No. 769-3111		5. State of Incorporation RHODE ISLAND		6. SIC Code 6882	
7. Brief Description of the Character of Business Conducted in Rhode Island TO MAINTAIN, OPERATE AND CONDUCT A TANNING AND MASSAGE BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louise Lanoie			Vice President Name Roger Lanoie		
Street Address 17 Parkview Drive			Street Address 17 Parkview Drive		
City W. Smithfield	State R.I	Zip 02896	City W. Smithfield	State R.I	Zip 02896
Secretary Name Roger Lanoie			Treasurer Name		
Street Address 17 Parkview Drive			Street Address		
City W. Smithfield	State R.I	Zip 02896	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Louise Lanoie			Director Name Roger Lanoie		
Street Address 17 Parkview Drive			Street Address 17 Parkview Drive		
City W. Smithfield	State R.I	Zip 02896	City W. Smithfield	State R.I	Zip 02896
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
1,000 NO PAR VALUE			none		

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



File Date 1-28-05  
Check No. 1597  
By: al  
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.

Roger G. Lanoie 1/26/05  
Signature of Officer Date  
ROGER G. LANOIE  
Print or Type Name of Officer  
Vice President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>117003</b>		2. Name of Corporation <b>Ultimate Rayz Tanning Spa, Inc.</b>			
3. Street Address Principal Business Office <b>267 Social St</b>			City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02895</b>
4. Business Phone No. <b>769-3111</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>6882</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO MAINTAIN, OPERATE AND CONDUCT A TANNING AND MASSAGE BUSINESS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Louise Lanoie</b>			Vice President Name <b>Roger G Lanoie</b>		
Street Address <b>17 Parknew Drive</b>			Street Address <b>17 Parknew Drive</b>		
City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02896</b>	City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02896</b>
Secretary Name <b>Roger G Lanoie</b>			Treasurer Name <b>Roger G Lanoie</b>		
Street Address <b>17 Parknew Drive</b>			Street Address <b>17 Parknew Drive</b>		
City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02896</b>	City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02896</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Louise Lanoie</b>			Director Name <b>Roger G Lanoie</b>		
Street Address <b>17 Parknew Drive</b>			Street Address <b>17 Parknew Drive</b>		
City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02896</b>	City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02896</b>
Director Name <b>Louise Lanoie</b>			Director Name <b>Roger G Lanoie</b>		
Street Address <b>17 Parknew Drive</b>			Street Address <b>17 Parknew Drive</b>		
City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02896</b>	City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02896</b>
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
<b>1,000 NO PAR VALUE</b>			<b>none</b>		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES <b>none</b>					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
			<b>none</b>		

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



\* 1 1 7 0 0 3 \*

File Date **2/6/04**  
Check No. **1183**  
By: **W.**  
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.

**Roger G Lanoie** **2/5/04**  
Signature of Officer Date  
**ROGER G LANOIE**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **117003**  
2. Name of Corporation **Ultimate Rayz Tanning Spa, Inc.**  
3. Street Address Principal Business Office  
**267 Social St**  
4. Business Phone No. **769-3111**  
5. State of Incorporation **RHODE ISLAND**

City **Woonsocket** State **R.I.** Zip **02895**  
6. SIC Code **6882**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Tanning Salon**

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

President Name **Louise Lannie**  
Street Address **17 Parknew Drive**  
City **No. Smithfield** State **R.I.** Zip **02896**  
Secretary Name **Roger B. Lannie Jr.**  
Street Address **17 Parknew Drive**  
City **No. Smithfield** State **R.I.** Zip **02896**

Vice President Name **Roger B. Lannie Jr.**  
Street Address **17 Parknew Drive**  
City **No. Smithfield** State **R.I.** Zip **02896**  
Treasurer Name  
Street Address  
City State Zip

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

Director Name **Louise Lannie**  
Street Address **17 Parknew Drive**  
City **No. Smithfield** State **R.I.** Zip **02896**

Director Name **Roger B. Lannie Jr.**  
Street Address **17 Parknew Drive**  
City **No. Smithfield** State **R.I.** Zip **02896**

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**0**

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



\* 1 1 7 0 0 3 \*

File Date: **3.20.03**  
Check No.: **731**  
By: **[Signature]**

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]** **2/6/03**  
Signature of Officer Date  
**ROGER G LANNIE JR**  
Print or Type Name of Officer  
**VICE PRESIDENT**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **117003** 2. Name of Corporation **Ultimate Rayz Tanning Spa, Inc.**  
3. Street Address Principal Business Office **267 Social St**  
4. Business Phone No. **401-769-3111** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Tanning salon**

City **Woonsocket** State **R.I.** Zip **02895**  
6. SIC Code **6882**

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

President Name **Louise Lamoie**  
Street Address **17 Parknew Drive**  
City **North Smithfield** State **R.I.** Zip **02896**  
Secretary Name **Roger G. Lamoie Jr.**  
Street Address **17 Parknew Dr.**  
City **North Smithfield** State **R.I.** Zip **02896**

Vice President Name **Roger G. Lamoie Jr.**  
Street Address **17 Parknew Drive**  
City **North Smithfield** State **R.I.** Zip **02896**  
Treasurer Name  
Street Address  
City State Zip

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

Director Name **Louise Lamoie**  
Street Address **17 Parknew Drive**  
City **North Smithfield** State **R.I.** Zip **02896**  
Director Name **Roger G. Lamoie Jr.**  
Street Address **17 Parknew Dr.**  
City **North Smithfield** State **R.I.** Zip **02896**

Director Name  
Street Address  
City State Zip  
Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1000 common 1.00**

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



\* 1 1 7 0 0 3 \*

File Date: **1-14-02**  
Check No.: **1205**  
By: **[Signature]**

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 Officer **[Signature]** Date **1/8/02**  
Print or Type Name of Officer **ROGER G. LAMOIE Jr.**  
Title of Officer **Vice President**