



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

Annual Report for the year: 2018
 Corporation

STAMP

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

1. Entity ID Number <u>618066</u>		2. Exact name of the Corporation <u>ELITE BODY CONTOURING INC</u>	
3. Principal Office Address <u>677 ATWOOD AVE</u>		City <u>CRANSTON</u>	State <u>RI</u>
		Zip <u>02920</u>	
4. NAICS Code <u>812990</u>	6. Brief description of the character of business conducted in Rhode Island <u>Body Contouring / Medical</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>LINDA GOLINI RN</u>		Vice-President Name <u>NONE</u>	
Street Address <u>18 ANGELO AVE</u>		Street Address	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02921</u>	
Secretary Name <u>NONE</u>		Treasurer Name <u>NONE</u>	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>JAMES K GARDI MD</u>		Director Name	
Street Address <u>677 ATWOOD AVE</u>		Street Address	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>200</u>	CLASS/SERIES <u></u>
			PAR VALUE <u>\$.01</u>
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 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.			
Name of Authorized Representative <u>LINDA GOLINI RN PRESIDENT</u>		Date <u>2-23-2018</u>	
Signature of Authorized Representative <u>Linda Golini RN</u> <small>PLACE SIGNATURE AND DOCUMENT HERE</small>			

FILED

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

FEB 27 2018

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