



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

Annual Report for the year: **2018**
Corporation

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

FILED

MAR 07 2018

BY 65812 **STAMP**

edl

1 Entity ID Number 133782		2 Exact name of the Corporation CAPITAL TANNING, INC.			
3. Principal Office Address 1017 SMITH STREET		City PROVIDENCE		State RI	Zip 02909
4. NAICS Code 453991		6. Brief description of the character of business conducted in Rhode Island TANNING SALON AND OTHER RELATED RETAIL SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DENNIS M. LAVALLEE			Vice-President Name DAVID MARTINS		
Street Address 21 YOUNG STREET			Street Address 56 BUCHTHORNE AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02911	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name DAVID MARTINS			Treasurer Name DENNIS M. LAVALLEE		
Street Address 56 BUCHTHORNE AVENUE			Street Address 21 YOUNG STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City NORTH PROVIDENCE	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name DENNIS M. LAVALLEE			Director Name DAVID MARTINS		
Street Address 21 YOUNG STREET			Street Address 56 BUCHTHORNE AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02911	City EAST PROVIDENCE	State RI	Zip 02915
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐		
			NUMBER OF SHARES NONE	CLASSIFICATIONS	PARTIALS, U.S.
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 <i>[Signature]</i> DAVID S MARTINS				Date 2-18-18	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

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