



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 35536		2. Name of Corporation LE SOLEIL LTD.			
3. Street Address Principal Business Office 547 ARMISTICE BOULEVARD			City PAWTUCKET	State RI	Zip 02861
4. Business Phone No. 4017289010		5. State of Incorporation RHODE ISLAND			6. SIC Code 9837
7. Brief Description of the Character of Business Conducted in Rhode Island ESTABLISH, MAINTAIN, AND OPERATE A TANNING SALON					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name MADALENA NEVES			Vice President Name MARIA PAULA MORAN		
Street Address 547 ARMISTICE BOULEVARD			Street Address 547 ARMISTICE BOULEVARD		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name MADALENA NEVES			Treasurer Name MADALENA NEVES		
Street Address 547 ARMISTICE BOULEVARD			Street Address 547 ARMISTICE BOULEVARD		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name MADALENA NEVES			Director Name NONE		
Street Address 547 ARMISTICE BOULEVARD			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR VALUE	200	COMMON	NO PAR VALUE

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



3 5 5 3 6

File Date 4-13-05
 Check No. 6770
 By: [Signature]
 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.

Signature of Officer Maria Madalena Neves Date 3/15/2005
 Print or Type Name of Officer MARIA MADALENA NEVES
 Title of Officer President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 35536		2. Name of Corporation Le Soleil Ltd.	
3. Street Address Principal Business Office 547 ARMISTICE BLVD.		City PAWTUCKET	State RI
4. Business Phone No. 4017289010		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 9837	

7. Brief Description of the Character of Business Conducted in Rhode Island
ESTABLISH, MAINTAIN AND OPERATE A TANNING SALON

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

President Name MADALENA NEVES		Vice President Name MARIA PAULA MORAN	
Street Address 547 ARMISTICE BOULEVARD		Street Address 547 ARMISTICE BOULEVARD	
City PAWTUCKET	State R. I.	Zip 02861	City PAWTUCKET
Secretary Name MADALENA NEVES		Treasurer Name MADALENA NEVES	
Street Address 547 ARMISTICE BOULEVARD		Street Address 547 ARMISTICE BOULEVARD	
City PAWTUCKET	State R. I.	Zip 02861	City PAWTUCKET

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

Director Name MADALENA NEVES		Director Name NONE	
Street Address 547 ARMISTICE BOULEVARD		Street Address .	
City PAWTUCKET	State R. I.	Zip 02861	City .
Director Name NONE		Director Name NONE	
Street Address .		Street Address .	
City .	State .	Zip .	City .

10. SHARES AUTHORIZED (BOX FOR ATTACHMENT)

11. SHARES ISSUED (BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		200	COMMON	NO PAR VALUE

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



3 5 5 3 6

35536 DBC 01/06/04 06:05:59 PM

File Date 4/28/04

Check No. 6375 / c. 29255

By: [Signature]

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.

Madalena Neves
Signature of Officer Date

Print or Type Name of Officer

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. **35536** 2. Name of Corporation **Le Soleil Ltd.**
3. Street Address Principal Business Office **547 Armistice Boulevard** City **Pawtucket** State **RI** Zip **02861**
4. Business Phone No. **728-9010** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**

7. Brief Description of the Character of Business Conducted in Rhode Island
Establish, maintain and operate a tanning salon

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

President Name Madalena Neves Street Address 547 Armistice Boulevard City Pawtucket State RI Zip 02861	Vice President Name Maria Paula Moran Street Address 547 Armistice Boulevard City Pawtucket State RI Zip 02861
Secretary Name Madalena Neves Street Address 547 Armistice Boulevard City Pawtucket State RI Zip 02861	Treasurer Name Madalena Neves Street Address 547 Armistice Boulevard City Pawtucket State RI Zip 02861

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

Director Name Madalena Neves Street Address 547 Armistice Boulevard City Pawtucket State RI Zip 02861	Director Name None Street Address City State Zip
Director Name None Street Address City State Zip 	Director Name None Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	Common	No Par VALUE

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



* 3 5 5 3 6 *

File Date: 3-27-03

Check No.: 5956

By: lp

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.

Madalena Neves 3/27/03
Signature of Officer Date

Madalena Neves, President
Print or Type Name of Officer

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. **35536** 2. Name of Corporation **Le Soleil Ltd.**
3. Street Address Principal Business Office **547 ARMISTICE BOULEVARD** City **PAWTUCKET** State **RI** Zip **02861**
4. Business Phone No. **728-9010** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**
7. Brief Description of the Character of Business Conducted in Rhode Island

Establish, maintain and operate a tanning salon

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

President Name	Vice President Name
Madalena Neves	Madalena Neves
Street Address	Street Address
547 Armistice Boulevard	547 Armistice Boulevard
City State Zip	City State Zip
Pawtucket RI 02861	Pawtucket RI 02861
Secretary Name	Treasurer Name
Madalena Neves	Madalena Neves
Street Address	Street Address
547 Armistice Boulevard	547 Armistice Boulevard
City State Zip	City State Zip
Pawtucket RI 02861	Pawtucket RI 02861

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

Director Name	Director Name
Madalena Neves	None
Street Address	Street Address
547 Armistice Boulevard	
City State Zip	City State Zip
Pawtucket RI 02861	
Director Name	Director Name
None	None
Street Address	Street Address
City State Zip	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
200	Common	No Par Value

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



* 3 5 5 3 6 *

File Date: 3-26-02
Check No.: 5554
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: Madalena Neves Date: 3/26/02
Print or Type Name of Officer: Madalena Neves
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **35536** 2. Name of Corporation **Le Soleil Ltd.**
3. Street Address Principal Business Office **589 Armistice Boulevard** City **Pawtucket** State **RI** Zip **02861**
4. Business Phone No. **728-9010** 5. State of Incorporation **RHODE ISLAND** 6 SIC Code **9837**

7. Brief Description of the Character of Business Conducted in Rhode Island
Establish, maintain and operate a tanning salon

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

President Name Madalena Neves	Vice President Name Madelena Neves
Street Address 589 Armistice Boulevard	Street Address 589 Armistice Boulevard
City State Zip Pawtucket RI 02861	City State Zip Pawtucket RI 02861
Secretary Name Madalena Neves	Treasurer Name Madalena Neves
Street Address 589 Armistice Boulevard	Street Address 589 Armistice Boulevard
City State Zip Pawtucket RI 02861	City State Zip Pawtucket RI 02861

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

Director Name Madalena Neves	Director Name None
Street Address 589 Armistice Boulevard	Street Address None
City State Zip Pawtucket RI 02861	City State Zip None
Director Name None	Director Name None
Street Address None	Street Address None
City State Zip None	City State Zip None

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1000 NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common No Par Value

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



* 3 5 5 3 6 *

1/29

File Date: _____

4535

Check No.: _____

2e

By: _____

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.

Madalena Neves 1-24-01
Signature of Officer Date

Madalena Neves, President
Print or Type Name of Officer

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **35536** 2. Name of Corporation **Le Soleil Ltd.**
3. Street Address Principal Business Office **589 ARMISTICE BOULEVARD** City **PAWTUCKET** State **R.I.** Zip **02861**
4. Business Phone No. **(401) 728-9010** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**

7. Brief Description of the Character of Business Conducted in Rhode Island
ESTABLISH, MAINTAIN AND OPERATE A TANNING SALON

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

President Name MADALENA NEVES Street Address 589 ARMISTICE BOULEVARD City State Zip PAWTUCKET R.I. 02861	Vice President Name MADALENA NEVES Street Address 589 ARMISTICE BOULEVARD City State Zip PAWTUCKET R.I. 02861
Secretary Name MADALENA NEVES Street Address 589 ARMISTICE BOULEVARD City State Zip PAWTUCKET R.I. 02861	Treasurer Name MADALENA NEVES Street Address 589 ARMISTICE BOULEVARD City State Zip PAWTUCKET R.I. 02861

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

Director Name MADALENA NEVES Street Address 589 ARMISTICE BOULEVARD City State Zip PAWTUCKET R.I. 02861	Director Name NONE Street Address NONE City State Zip NONE
Director Name NONE Street Address NONE City State Zip NONE	Director Name NONE Street Address NONE City State Zip NONE

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1000	NO PAR VAL	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
200	COMMON	NO PAR VALUE

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



* 3 5 5 3 6 *

File Date: 3/20/00

Check No.: 4252

By: [Signature]

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.

Madalena Neves 3/16/00
Signature of Officer Date

MADALENA NEVES

Print or Type Name of Officer

PRESIDENT

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 35536		2. Name of Corporation Le Soleil Ltd.	
3. Street Address Principal Business Office 589 ARMISTICE BOULEVARD		City PAWTUCKET	State RI
		Zip 02861	
4. Business Phone No. 401-728-9010		5. State of Incorporation RHODE ISLAND	
6. SIC Code 9837			
7. Brief Description of the Character of Business Conducted in Rhode Island ESTABLISH, MAINTAIN AND OPERATE A TANNING SALON			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MADALENA NEVES		Vice President Name MARIA PAULA MORAN	
Street Address 589 ARMISTICE BOULEVARD		Street Address 589 ARMISTICE BOULEVARD	
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET
			State RI
			Zip 02861
Secretary Name MADALENA NEVES		Treasurer Name MADALENA NEVES	
Street Address 589 ARMISTICE BOULEVARD		Street Address 589 ARMISTICE BOULEVARD	
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET
			State RI
			Zip 02861
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name MADALENA NEVES		Director Name NONE	
Street Address 589 ARMISTICE BOULEVARD		Street Address	
City PAWTUCKET	State RI	Zip 02861	City
			State
			Zip
Director Name NONE		Director Name NONE	
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
1000 NO PAR VAL			200
			COMMON
			NO PAR VALUE

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



* 3 5 5 3 6 *

File Date: 3-1-99
Check No.: 3884
By: UP

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.

Maria Madalene Neves 2/24/99
Signature of Officer Date

MADALENA NEVES
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **35538** 2. Name of Corporation **Le Soleil Ltd.**
3. Street Address Principal Business Office **589 ARMISTICE BOULEVARD** City **PAWTUCKET** State **R. I.** Zip **02861**
4. Business Phone No. **(401) 728-9010** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**

7. Brief Description of the Character of Business Conducted in Rhode Island
ESTABLISH, MAINTAIN AND OPERATE A TANNING SALON

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name MADALENA NEVES	Vice President Name MADALENA NEVES
Street Address 589 ARMISTICE BOULEVARD	Street Address 589 ARMISTICE BOULEVARD
City State Zip PAWTUCKET R. I. 02861	City State Zip PAWTUCKET R. I. 02861
Secretary Name MADALENA NEVES	Treasurer Name MADALENA NEVES
Street Address 589 ARMISTICE BOULEVARD	Street Address 589 ARMISTICE BOULEVARD
City State Zip PAWTUCKET R. I. 02861	City State Zip PAWTUCKET R. I. 02861

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name MADALENA NEVES	Director Name NONE
Street Address 589 ARMISTICE BOULEVARD	Street Address
City State Zip PAWTUCKET R. I. 02861	City State Zip
Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1000 NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
200	COMMON	NO PAR VALUE

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



* 3 5 5 3 6 *

File Date: 2.23.98
Check No.: 3556
By: [Signature]
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.

Madalena Neves 2/18/98
Signature of Officer Date
MADALENA NEVES
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 35536			2. Name of Corporation Le Soleil Ltd.		
3. Street Address Principal Business Office 589 ARMISTICE BOULEVARD			City PAWTUCKET	State R. I.	Zip 02861
4. Business Phone No. (401) 728-9010		5. State of Incorporation RHODE ISLAND		6. SIC Code 9837	
7. Brief Description of the Character of Business Conducted in Rhode Island ESTABLISH, MAINTAIN AND OPERATE A TANNING SALON					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name MADALENA NEVES			Vice President Name MADALENA NEVES		
Street Address 589 ARMISTICE BOULEVARD			Street Address 589 ARMISTICE BOULEVARD		
City PAWTUCKET	State R. I.	Zip 02861	City PAWTUCKET	State R. I.	Zip 02861
Secretary Name MADALENA NEVES			Treasurer Name MADALENA NEVES		
Street Address 589 ARMISTICE BOULEVARD			Street Address 589 ARMISTICE BOULEVARD		
City PAWTUCKET	State R. I.	Zip 02861	City PAWTUCKET	State R. I.	Zip 02861
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name MADALENA NEVES			Director Name NONE		
Street Address 589 ARMISTICE BOULEVARD			Street Address		
City PAWTUCKET	State R. I.	Zip 02861	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares 1000 NO PAR VAL	Class/Series	Par Value	Number of Shares 200	Class/Series COMMON	Par Value NO PAR VALUE

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



File Date: 2-10-97
Check No.: 3077
By: WP/Sec
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.

Madalena Neves 2/3/97
Signature of Officer Date
MADALENA NEVES
Print or Type Name of Officer
PRESIDENT
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 35536		2. NAME OF CORPORATION Le Soleil Ltd.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 589 ARMISTICE BOULEVARD				CITY PAWTUCKET	STATE R. I.	ZIP CODE 02861	
4. BUSINESS PHONE NO. (401) 728-9010			5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 9837	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND ESTABLISH, MAINTAIN AND OPERATE A TANNING SALON							
8. NAMES AND ADDRESSES OF THE OFFICERS							
PRESIDENT NAME MADALENA NEVES				VICE PRESIDENT NAME MADALENA NEVES			
STREET ADDRESS 589 ARMISTICE BOULEVARD				STREET ADDRESS 589 ARMISTICE BOULEVARD			
CITY PAWTUCKET	STATE R. I.	ZIP CODE 02861		CITY PAWTUCKET	STATE R. I.	ZIP CODE 02861	
SECRETARY NAME MADALENA NEVES				TREASURER NAME MADALENA NEVES			
STREET ADDRESS 589 ARMISTICE BOULEVARD				STREET ADDRESS 589 ARMISTICE BOULEVARD			
CITY PAWTUCKET	STATE R. I.	ZIP CODE 02861		CITY PAWTUCKET	STATE R. I.	ZIP CODE 02861	
9. NAMES AND ADDRESSES OF THE DIRECTORS							
DIRECTOR NAME MADALENA NEVES				DIRECTOR NAME NONE			
STREET ADDRESS 589 ARMISTICE BOULEVARD				STREET ADDRESS NONE			
CITY PAWTUCKET	STATE R. I.	ZIP CODE 02861		CITY NONE	STATE NONE	ZIP CODE NONE	
DIRECTOR NAME NONE				DIRECTOR NAME NONE			
STREET ADDRESS NONE				STREET ADDRESS NONE			
CITY NONE	STATE NONE	ZIP CODE NONE		CITY NONE	STATE NONE	ZIP CODE NONE	
10. SHARES AUTHORIZED AND ISSUED							
AUTHORIZED SHARES				ISSUED SHARES			
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE		NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	
1000	NO PAR VAL			200	COMMON	NO PAR VALUE	

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Madalena Neves
Signature of Officer

MADALENA NEVES
Print or Type Name of Officer

PRESIDENT
Title of Officer

2-26-96
Date

File Date: 2/26/96

Check No: 2992

By: CP

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 (401) 277-3040

ANNUAL REPORT

Please Type or Print
 File Annually - Jan 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0035536 Annual Report for the year: 1995

Name of Corporation: Le Soleil Ltd.

Business entity organized under the laws of the State of: RHODE ISLAND
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corp. (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

Phone: _____
 Address and telephone of the principal office of business
 entity in Rhode Island (Provide street address - Not P.O. Box):

ESTABLISH, MAINTAIN AND OPERATE A TANNING SALON

589 ARMISTICE BOULEVARD

PAWTUCKET, RI 02861

(401) 728-9010

Phone: _____

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
MADALENA NEVES	589 ARMISTICE BOULEVARD, PAWTUCKET, RI		02861
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
MADALENA NEVES	589 ARMISTICE BOULEVARD, PAWTUCKET, RI		02861
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
MADALENA NEVES	589 ARMISTICE BOULEVARD, PAWTUCKET, RI		02861
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
MADALENA NEVES	589 ARMISTICE BOULEVARD, PAWTUCKET, RI		02861

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
MADALENA NEVES	589 ARMISTICE BOULEVARD, PAWTUCKET, RI		02861
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED		NUMBER OF SHARES ISSUED AND OUTSTANDING	
Number of Shares	Class/Series	Number of Shares	Class/Series
1000	COMMON	200	COMMON

Date: 2/2 1995

By: Madalena Neves

MADALENA NEVES
 PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
 TITLE OF OFFICER SIGNING

FEB 09 1995
 2274

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
OFFICE OF THE SECRETARY OF STATE
100 North Main Street, Providence, Rhode Island 02903-1335
401-277-3040

Corporate ID: 0035536

Annual Report for the year: 1994

Le Soleil Ltd.

Name of Business Entity: _____

Business entity organized under the laws of the State of RHODE ISLAND
Federal Taxpayer Identification Number: _____

For foreign entity, address and telephone number of principal office:

Phone: _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P O Box)
589 ARMISTICE BOULEVARD
PAWTUCKET, RI 02861

Phone: 401-722-9010

Business Entity is (check one)
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corp. (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed
PAUL G. BETTENCOURT, ESQUIRE
1481 WAMPANOAG TRAIL
EAST PROVIDENCE, RI 02915

Brief statement of the character of business conducted in Rhode Island.
ESTABLISH, MAINTAIN AND OPERATE A TANNING SALON

Date of Organization SEPTEMBER 1, 1995
Date of Qualification to do business in Rhode Island (if foreign entity) _____

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
MADALENA NEVES	589 ARMISTICE BOULEVARD, PAWTUCKET, RI	02861	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
MADALENA NEVES	589 ARMISTICE BOULEVARD, PAWTUCKET, RI	02861	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
MADALENA NEVES	589 ARMISTICE BOULEVARD, PAWTUCKET, RI	02861	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
MADALENA NEVES	589 ARMISTICE BOULEVARD, PAWTUCKET, RI	02861	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
MADALENA NEVES	589 ARMISTICE BOULEVARD, PAWTUCKET, RI	02861	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	1000	NUMBER	200
CLASS	COMMON	CLASS	COMMON
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	NO PAR VALUE	PAR VALUE OR WITHOUT PAR	NO PAR VALUE

Date: 3/1 1994 **FILED** By: Paula Madalena Neves
MAR 10 1994
By: 2474
PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or resident agent, Form 9 or Form LLC3 must be filed.

APR 10 1961

[REDACTED]

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

2013

Corporate ID 0035536

Handwritten initials

Annual Report for the year 1993

FIRST: The name of the corporation is Le Soleil Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to establish, maintain and operate a tanning salon.

FOURTH: If foreign, corporation, address of its principal office _____

FIFTH: Business address in Rhode Island 589 Armisticee Boulevard, Pawtucket, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>MADALENA NEVES</u>	Director	<u>589 Armistice Blvd., Pawtucket, RI</u>
	Director	
	Director	
<u>MADALENA NEVES</u>	President	<u>589 Armistice Blvd., Pawtucket, RI</u>
<u>MADALENA NEVES</u>	Vice-President	<u>589 Armistice Blvd., Pawtucket, RI</u>
<u>MADALENA NEVES</u>	Secretary	<u>589 Armistice Blvd., Pawtucket, RI</u>
<u>MADALENA NEVES</u>	Treasurer	<u>589 Armistice Blvd., Pawtucket, RI</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value of statement that shares are without par value
1000	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value of statement that shares are without par value
200	Common		No Par

PAID
FEB 10 1993
SECY OF STATE

Dated: 2/5/1993, 1993

Le Soleil Ltd.
(Name of Corporation)

By: _____

Title: President Maria Madalena Neves

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0035536 Annual Report for the year 1992

FIRST: The name of the corporation is Le Soleil Ltd

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FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 589 Armistice Boulevard, Pawtucket, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Madalena Neves	Director	589 Armistice Boulevard, Pawtucket, RI
	Director	
	Director	
Madalena Neves	President	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Vice President	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Secretary	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Treasurer	589 Armistice Boulevard, Pawtucket, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000			No par

PAID

MAR 27 1992

SECY OF STATE

PAID 1987

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200			No par

Dated 3/24/ 19 92

Le Soleil Ltd.
(Name of Corporation)

By Madalena Neves
President

Title

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0035536 Annual Report for the year 1991

FIRST: The name of the corporation is Le Soleil Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to establish, maintain and operate a tanning salon

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 589 Armistice Boulevard, Pawtucket, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Maria Jose Neto	Director	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Director	589 Armistice Boulevard, Pawtucket, RI
	Director	
Maria Jose Neto	President	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Vice President	589 Armistice Boulevard, Pawtucket, RI
Maria Jose Neto	Secretary	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Treasurer	589 Armistice Boulevard, Pawtucket, RI

SEVENTH: Number of Shares authorized:

No of Shares	Class
1,000	

Par Value
or statement that
shares are without
par value

No par

EIGHTH: Number of Shares issued:

No of Shares	Class
200	

Par Value
or statement that
shares are without
par value

No par

Dated January 23rd 19 91

Le Soleil Ltd.
(Name of Corporation)

By Madalena Neves

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 0035535 Annual Report for the year 1990

FIRST: The name of the corporation is Le Soleil Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is
to establish, maintain and operate a tanning salon

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island
589 Armistice Boulevard, Pawtucket, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Maria Jose Neto	Director	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Director	589 Armistice Boulevard, Pawtucket, RI
	Director	
Maria Jose Neto	President	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Vice President	589 Armistice Boulevard, Pawtucket, RI
Maria Jose Neto	Secretary	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Treasurer	589 Armistice Boulevard, Pawtucket, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000			No par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200			No par

PAID
MAR 15 1990
SECY. OF STATE

Dated 19 90

Le Soleil Ltd.
(Name of Corporation)

By Maria Madalena Neves
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

0035536

1989



Corporate ID..... Annual Report for the year.....
Le Soleil Ltd.

FIRST: The name of the corporation is.....

SECOND: It is incorporated under the laws of..... Rhode Island

THIRD: Character of business, briefly stated, is.....
to establish, maintain and operate a tanning salon

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....
589 Armistice Boulevard, Pawtucket, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Maria Jose Neto	Director	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Director	589 Armistice Boulevard, Pawtucket, RI
	Director	
Maria Jose Neto	President	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Vice President	589 Armistice Boulevard, Pawtucket, RI
Maria Jose Neto	Secretary	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Treasurer	589 Armistice Boulevard, Pawtucket, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000			No par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200			No par

PAID
FEB 14 1989

SECY. OF STATE

Dated 2 - 9 19 89

Le Soleil Ltd.
(Name of Corporation)

By Madalena Neves
Title President Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903



Corporate ID 35536 Annual Report for the year 1988

FIRST: The name of the corporation is Le Soleil Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to establish, maintain and operate a tanning salon

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 589 Armistice Boulevard, Pawtucket, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Maria Jose Neto	Director	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Director	589 Armistice Boulevard, Pawtucket, RI
Maria Jose Neto	President	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Vice President	589 Armistice Boulevard, Pawtucket, RI
Maria Jose Neto	Secretary	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Treasurer	589 Armistice Boulevard, Pawtucket, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000			No par

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200			No par

FEB 18 1988

Dated 2-10 19 88

Le Soleil Ltd.

(Name of Corporation)

By _____

Title President Madalena Neves

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 35536

Annual Report for the year 1987

FIRST: The name of the corporation is Le Soleil Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is
to establish, maintain and operate a tanning salon

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island
589 Armistice Boulevard, Pawtucket, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Maria Jose Neto	Director	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Director	589 Armistice Boulevard, Pawtucket, RI
	Director	
Maria Jose Neto	President	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Vice President	589 Armistice Boulevard, Pawtucket, RI
Maria Jose Neto	Secretary	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Treasurer	589 Armistice Boulevard, Pawtucket, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000			No par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200			No par

PAID

APR 27 1987

SECY OF STATE

Dated 19 87

Le Soleil Ltd.

(Name of Corporation)

By Maria Jose Neto

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 25536 Annual Report for the year 1986

FIRST: The name of the corporation is Le. Soleil Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to establish, maintain and operate a tanning salon

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island
589 Armistice Boulevard, Pawtucket, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Maria Jose Neto	Director	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Director	589 Armistice Boulevard, Pawtucket, RI
	Director	
Maria Jose Neto	President	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Vice President	589 Armistice Boulevard, Pawtucket, RI
Maria Jose Neto	Secretary	589 Armistice Boulevard, Pawtucket, RI
Madalena Neves	Treasurer	589 Armistice Boulevard, Pawtucket, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000			No par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200			No par

M. J. NETO
12 1986
VA

PAID

APR 15 1986

SECRETARY OF STATE

Dated 3-31-86 19 86

Le Soleil Ltd.

(Name of Corporation)

By Maria Jose Neto

Title President

(Report must be signed by an officer)