



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

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. 128940		2. Name of Corporation ALAYNE WHITE SPA + BODY BOUTIQUE, INC.			
3. Street Address-Principal Business Office 25a Thames St		City Bristol		State RI	Zip 02809
4. Business Phone No. 401 254 1772		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE PROFESSIONAL SPA TREATMENTS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alayne White			Vice President Name		
Street Address 15 Betsy Dr.			Street Address SAME		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name			Treasurer Name		
Street Address SAME			Street Address SAME		
City	State	Zip	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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
8,000 NO PAR VALUE			100		

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



File Date	2-14-05
Check No.	1677
By:	ALB
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

Print or Type Name of Officer

Title of Officer

2/9/05
Date



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Office of the Secretary of State
Matthew A. Brown, Secretary of State

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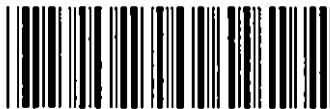
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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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3. Street Address Principal Business Office 254 THOMES ST		City Bristol		State RI	Zip 02809
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8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alayne White			Vice President Name SAME		
Street Address 15 Betsy Dr			Street Address		
City Bristol	State RI	Zip 02801	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address SAME			Street Address SAME		
City SAME	State	Zip	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 SAME			Director Name		
Street Address SAME			Street Address SAME		
City SAME	State	Zip	City	State	Zip
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Street Address SAME			Street Address SAME		
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			0		

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



* 1 2 8 9 4 0 *

File Date	RECEIVED
Check No.	MAR 18 2004
By:	BY VP 1513
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

Alayne White

Print or Type Name of Officer

President

Title of Officer

Date

2/28/04