



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. 123448		2. Name of Corporation Maximum Exposure, Inc.		
3. Street Address Principal Business Office 12 Silver Spring St.		City Providence	State RI	Zip 02904
4. Business Phone No. 401-521-1740		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OFFER TANNING SERVICES, OPERATING AS A SALON, INCLUDING THE SALE OF RELATED TANNING AND BEAUTY PRODUCTS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Joseph M. Aloisio		Vice President Name Joseph M. Aloisio		
Street Address 961 Manton		Street Address 961 Manton Ave		
City Providence	State RI	Zip 02909	City Providence	State RI
Secretary Name II		Treasurer Name II		
Street Address		Street Address		
City	State	Zip	City	State
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
1,000 NO PAR VALUE	Common Stock No Par Value		1,000	Common Stock No Par Value

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



FILED	
File Date	MAR 31 2005
Check No.	
By	II
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 **Joseph M. Aloisio** Date
JOSEPH M. ALOISIO
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 123448		2. Name of Corporation Maximum Exposure, Inc.			
3. Street Address Principal Business Office 12 Silver Spring St.		City Providence	State RI	Zip 02904	
4. Business Phone No. 401-751-4148 / 401-274-6299		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OFFER TANNING SERVICES, OPERATING AS A SALON, INCLUDING THE SALE OF RELATED TANNING AND BEAUTY PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph M. Aloisio			Vice President Name Joseph M. Aloisio		
Street Address 961 Manton Ave			Street Address 961 Manton Ave		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name			Treasurer Name		
Street Address			Street Address		
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 Joseph M. Aloisio			Director Name Joseph M. Aloisio		
Street Address 961 Manton Ave			Street Address 961 Manton Ave		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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			1,000	Common Stock	No Par Value

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



* 1 2 3 4 4 8 *

File Date	RECEIVED
Check No.	MAR 18 2004
By:	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] **3/8/04**
Signature of Officer Date
Joseph M. Aloisio
Print or Type Name of Officer
Pres.
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. 123448 2. Name of Corporation Maximum Exposure, Inc.
3. Street Address Principal Business Office
12 SILVER SPRING ST.
4. Business Phone No. 401-751-4148 / 401-274-6299 5. State of Incorporation RHODE ISLAND
7. Brief Description of the Character of Business Conducted in Rhode Island

City Providence State RI Zip 02904
6. SIC Code

To OPERATE A Tanning SALON

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

President Name JOSEPH M. Aloisio
Street Address
961 MANTON AVE
City Providence State RI Zip 02909
Secretary Name

Vice President Name JOSEPH M. Aloisio
Street Address
961 MANTON AVE
City Providence State RI Zip 02909
Treasurer Name

Street Address
City State Zip

Street Address
City State Zip

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

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

Director Name JOSEPH M. Aloisio
Street Address
961 MANTON AVE
City Providence State RI Zip 02909
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
1,000 NO PAR Value Common Stock NO PAR VALUE

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



* 1 2 3 4 4 8 *

File Date: 3-6-03
Check No.: 100
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.

Signature of Officer [Signature] Date
Print or Type Name of Officer JOSEPH M. Aloisio
Title of Officer President

Title of Officer
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