



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2023**
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 35536		2. Exact name of the Corporation Le Soleil, Ltd.												
3. Principal Office Address 547 Armistice Boulevard			City Pawtucket	State RI	Zip									
4. NAICS Code 812199		6. Brief description of the character of business conducted in Rhode Island Own and operate a tanning salon												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Madalena Neves			Vice-President Name Maria Paula Moran											
Street Address 547 Armistice Boulevard			Street Address 158 Waterman Avenue											
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									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
200	Common	No Par Value												
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. <i>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.</i>														
Name of Authorized Representative Maria Paula Moran				Date 2/24/2023										
Signature of Authorized Representative <i>Maria Paula Moran</i>				SIGN DOCUMENT HERE FILED										

MAR 31 2023
 BY ML 8613