



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.

RECEIVED FOR
 MAR 31 12:02

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"/>		NUMBER OF SHARES		CLASS/SERIES	
		200		Common	
This information is currently of record in the Department of State. Changes require an additional filing.		PAR VALUE		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		

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

MAR 31 2023
 BY ML 8613