



State of Rhode Island  
Department of State - Business Services Division

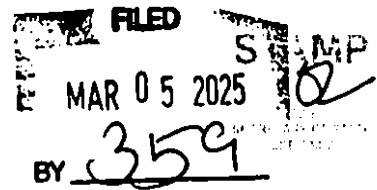
Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



|  |  |   |                            |
|--|--|---|----------------------------|
| 1. Entity ID Number<br><b>1661848</b>  |  | 2. Exact name of the Corporation<br><b>Spring Break Tanning Salon, Inc.</b>   |                            |
| 3. Principal Office Address<br><b>390 Metacom Avenue</b>   |  | City<br><b>Bristol</b>  | State<br><b>RI</b>         |
|  |  | Zip<br><b>02809</b>   |                            |
| 4. NAICS Code<br><b>812199</b>   | 6. Brief description of the character of business conducted in Rhode Island<br><b>Tanning salon.</b> |   |                            |
| 5. State of Incorporation<br><b>Rhode Island</b>   |  |   |                            |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |   |                            |
| President Name<br><b>Crystle Vieira</b>  |  | Vice-President Name   |                            |
| Street Address<br><b>390 Metacom Avenue</b>  |  | Street Address  |                            |
| City<br><b>Bristol</b>   | State<br><b>RI</b>   | Zip<br><b>02809</b>   |                            |
| Secretary Name   |  | Treasurer Name  |                            |
| Street Address   |  | Street Address  |                            |
| City   | State  | Zip   |                            |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |   |                            |
| Director Name  |  | Director Name   |                            |
| Street Address   |  | Street Address  |                            |
| City   | State  | Zip   |                            |
| Director Name  |  | Director Name   |                            |
| Street Address   |  | Street Address  |                            |
| City   | State  | Zip   |                            |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |   |                            |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                            |
|  |  | NUMBER OF SHARES<br><b>0.00</b>   | CLASS/SERIES<br><b>CNP</b> |
|  |  | PAR VALUE<br><b>0</b>   |                            |
| 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.<br><b>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.</b> |  |   |                            |
| Name of Authorized Representative<br><b>Crystle Vieira</b>   |  | Date<br><b>02/27/25</b>   |                            |
| Signature of Authorized Representative<br><b>Crystle Vieira</b>  |  |   |                            |

MAIL TO:

Division of Business Services

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