



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.

REC'D RI005 353
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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 02861
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 None		
Street Address 547 Armistice Boulevard			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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. 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.					
Name of Authorized Representative Madalena Neves				Date 3/31/2025	
Signature of Authorized Representative Madalena Neves					

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

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