



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 516374		2. Name of Corporation SUNKISST TANS, INC.	
3. Street Address Principal Business Office 424 Algonquin Avenue			City Warwick
4. Business Phone No. 401-437-6610		5. State of Incorporation Rhode Island	State RI
6. Brief Description of the Character of Business Conducted in Rhode Island Operation of Tanning Salon			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Michael W. Morse		Vice President Name Michael W. Morse	
Street Address 424 Algonquin Avenue		Street Address 424 Algonquin Avenue	
City Warwick	State RI	Zip 02889	City Warwick
Secretary Name Michael W. Morse		Treasurer Name Michael W. Morse	
Street Address 424 Algonquin Avenue		Street Address 424 Algonquin Avenue	
City Warwick	State RI	Zip 02889	City Warwick
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Michael W. Morse		Director Name	
Street Address 424 Algonquin Avenue		Street Address	
City Warwick	State RI	Zip 02889	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	
100	common	.01	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			

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.

FILED

File Date FEB 03 2010

Check No. BY 1033

By: _____

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.

Michael W. Morse 2-28-10
Signature Date

Michael W. Morse
Print or Type Name

President
Title