



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
(401) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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. <u>142692</u>		2. Name of Corporation <u>PM Reppucci Corporation inc</u>			
3. Street Address Principal Business Office <u>870 Oaklawn Ave</u>		City <u>Cranston</u>	State <u>RI</u>		
4. Business Phone No. <u>401-275-5558</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Exercise and weight loss center</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Patricia M Reppucci</u>		Vice President Name <u>CASEY CONRAD</u>			
Street Address <u>185 Pine Glen Dr</u>		Street Address <u>11 Kenyon Ave</u>			
City <u>E. Greenwich</u>	State <u>RI</u>	City <u>Wakefield</u>	State <u>RI</u>		
Zip <u>02818</u>		Zip <u>02879</u>			
Secretary Name <u>NONE</u>		Treasurer Name <u>NONE</u>			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>NONE</u>		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>600</u>	<u>Common</u>	<u>0</u>	<u>100</u>	<u>Common</u>	<u>0</u>

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.

Signature CASEY CONRAD Date 9/25/07
Print or Type Name CASEY CONRAD
Title Vice President

FILED	
File Date	<u>SEP 27 2007</u>
Check No.	<u>By 037985 11:02</u>
By:	
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