



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 117090		2. Name of Corporation EAST BAY GYMNASTICS, INC.			
3. Street Address Principal Business Office 54 Gooding Avenue		City Bristol	State RI	Zip 02809	
4. Business Phone No. (401) 253-1267		5. State of Incorporation Rhode Island		6. SIC Code 8557	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF TEACHING GYMNASTICS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Elizabeth Fudge			Vice President Name Elizabeth Fudge		
Street Address 109 Highland Avenue			Street Address 109 Highland Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Elizabeth Fudge			Treasurer Name Elizabeth Fudge		
Street Address 109 Highland Avenue			Street Address 109 Highland Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Elizabeth Fudge			Director Name None		
Street Address 109 Highland Avenue			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	Common No Par Value		500	Common	No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED	
File Date	JAN 22 2008
Check No.	
By	14050 MMC
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.

Elizabeth R. Fudge 1/15/08  
Signature of Officer  
Elizabeth Fudge  
Print or Type Name of Officer  
President  
Title of Officer  
Form 630 12/01