



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 02904-2611
401.222.3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. 130620	2. Name of Corporation MILLER GYMNASTICS, INC.		
3. Street Address Principal Business Office 770 MAIN STREET	City WEST WARWICK	State RI	Zip 02893
4. Business Phone No. 401-822-1223	5. State of Incorporation RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
TO OWN AND OPERATE A GYMNASTICS AND CHEERLEADING BUSINESS

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name TOM O. MILLER			Vice President Name		
Street Address 770 MAIN STREET			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Secretary Name TOM O. MILLER			Treasurer Name TOM O. MILLER		
Street Address 770 MAIN STREET			Street Address 770 MAIN STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8000 \$1.00 par		

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	1.00

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 JAN 25 2008
Check No. DS 2813
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.

Signature

Date

TOM O. MILLER

Print or Type Name

PRESIDENT

Title