RI SOS Filing Number: 200807236930 Date: 02/21/2008 4:00 PM

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 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.	2. Name of Corporation			
162174	DREAM BIG, INC			
3. Street Address Principal Business Office		City	State	Zip
30 DRAWBRIDGE DRIVE		WEST WARWICK	RI	02893
4. Business Phone No.	5. State of Incorporation			
(401) 457-0505	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
GYMNASTICS INSTRUCTION

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

President Name			Vice President Name		
SHANNON CORNICELLI			JASON M. CORNICELLI		
Street Address			Street Address		
30 DRAWBRIDGE DRIVE			30 DRAWBRIDGE DRIVE		
City	State	Zip	City	State	Zip
WEST WARWICK	RI	02893	WEST WARWICK	RI	02893
Secretary Name			Treasurer Name		
SHANNON CORNICELLI			JASON M. CORNICELLI		
Street Address			Street Address		
30 DRAWBRIDGE DRIVE			30 DRAWBRIDGE DRIVE		
City	State	Zip	City	State	Zip
WEST WARWICK	RI	02893	WEST WARWICK	RI	02893

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

Director Name			Director Name		
SHANNON CORNICELLI			JASON M. CORNICELLI		
Street Address			Street Address		
30 DRAWBRIDGE DRIVE			30 DRAWBRIDGE DRIVE		
City	State	Zip	City	State	Zip
WEST WARWICK	RI	02893	WEST WARWICK	RI	02893
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
8,000	COMMON	$0.01

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
8,000	COMMON	$0.01

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.

[redacted] [redacted]

FILED
FEB 21 2008
By DA
23-50443

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.

Shannon L. Cornicelli
Signature *Date*

Shannon L. Cornicelli
Print or Type Name

President
Title

[redacted]

162174
File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

19567-1-231113

Form 630 Rev. 12/06