



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. 129228		2. Name of Corporation REPRIEVE MEDI-SPA, INC.			
3. Street Address Principal Business Office 135 LAMBERT LIND HIGHWAY			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A WELLNESS CENTER & PROVIDE PERSONAL CARE SERVICES INCLUDING SKIN & HAIR CARE TREATMENTS & MASSAGE SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ADELE BECK			Vice President Name TRACEY BECK		
Street Address 135 LAMBERT LIND HIGHWAY			Street Address 135 LAMBERT LIND HIGHWAY		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name ADELE BECK			Treasurer Name TRACEY BECK		
Street Address 135 LAMBERT LIND HIGHWAY			Street Address 135 LAMBERT LIND HIGHWAY		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ADELE BECK			Director Name TRACEY BECK		
Street Address 135 LAMBERT LIND HIGHWAY			Street Address 135 LAMBERT LIND HIGHWAY		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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
8,000	COMMON	\$1.00	200	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.

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.

Adele Beck 3-15-08
Signature Date
ADELE BECK
Print or Type Name
PRESIDENT
Title

FILED

File Date **MAR 28 2008**

Check No. **By DS 3401**

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