



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. 160747		2. Name of Corporation BROTHER ENTERPRISES, INC.			
3. Street Address Principal Business Office 520 Red Chimney Drive			City Warwick	State Rhode Island	Zip 02886
4. Business Phone No. 401-884-9320		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Fitness Consulting					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Karl B. Brother			Vice President Name Jean N. Brother		
Street Address 520 Red Chimney Drive			Street Address 520 Red Chimney Drive		
City Warwick	State Rhode Island	Zip 02886	City Warwick	State Rhode Island	Zip 02886
Secretary Name Karl B. Brother			Treasurer Name Karl B. Brother		
Street Address 520 Red Chimney Drive			Street Address 520 Red Chimney Drive		
City Warwick	State Rhode Island	Zip 02886	City Warwick	State Rhode Island	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Karl B. Brother			Director Name Jean N. Brother		
Street Address 520 Red Chimney Drive			Street Address 520 Red Chimney Drive		
City Warwick	State Rhode Island	Zip 02886	City Warwick	State Rhode Island	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"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
1000	Common	No Par Value	200	COMMON	NO PAR VALUE

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CORPORATIONS DIV

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.

File Date **FILED**  
Check No. **AUG 27 2008**  
By: **66753**  
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.

*Karl B. Brother* 8/20/2008  
Signature Date  
KARL BROTHER  
Print or Type Name  
PRESIDENT  
Title