

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 2009 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(codd)) is

subject to a penalty fee of \$25.	00.							
1. Corporate ID No.	2. Name of Corpor	2. Name of Corporation						
159298	GIANT S	GIANT STRIDE DIVE SHOP, INC.						
3. Street Address Principal Business Office			City	State	Zip			
1935A Warwick Avenue			Warwick	RI	02886-0000			
4. Business Phone No.		5. State of Incorporation						
RI								
6. Brief Description of the Cha to operate a scut								
7, NAMES AND ADDR.  President Name	ESSES OF THE OFFIC	ers: ("x" box for atta	CHUENT) THE FILL IN:  Vice President Name	SPACES BEFORE USING	ATTACHMENTS			
Henry Godin			Henry Godin					
Street Address			Street Address					
One Christopher Drive			One Christopher Drive					
City	State	Zip	City	State	Zip			
Johnston	RI	02919-	Johnston	lRI	02919-			
Secretary Name			Treasurer Name					
Henry Godin			Henry Godin					
Street Address			Street Address					
One Christopher			One Christopher Drive					
City  Johnston	State R1	<sup>Ζφ</sup> 02919-	Johnston	State RI	<sup>Zip</sup> <b>02919-</b>			
8. NAMES AND ADDRI	esses of the direc	tors: ("X" box for at)	ACHMENT) [] FILL II	n spaces before using	G ATTACHMENTS 🖖 🧎			
Director Name			Director Name					
Henry Godin			none					
Street Address			Street Address					
One Christopher	r Drive		none					
City Johnston	State RI	<sup>Zip</sup> 02919-	City none	State none	<sup>Zip</sup> none			
Director Name  none			Director Name none					
Street Address none			Street Address none					
City none	State none	<sup>Zip</sup> none	City none	State none	Ζip none			
9. SHARES AUTHORIZ	PD .	reach phesical and the second process of	10. SHARES ISSUED	C'X" BOX FOR ATTACH	MENT) 🗇			
			CONTRACTOR OF THE CONTRACTOR O	CTION MUST BE COMPLETED				
mi · · · · · · · · · · · · · ·	4 6 11 4	O. C. J. D. J. C.	Number of Shares	Class/Series	Par Value			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par			
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				h it was yet .				
This report must be exec	cuted on behalf of the	corporation by an authorize	d representative. If the c	orporation is in the hands	of a receiver or trustee,			

this report must be executed on behalf of the corporation by the receiver or trustee.

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FOR SECR	ETARY OF S	TATE: USE C	NEYGENGER

Under penalty of perjury, I declare and affirm that I including any accompanying schedules and stateme	
contained berein are true and correct.	ons, and that all statements 01/05/09
Signature Henry Godin	Date
Print or Type Name President	
Title	