

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 Filing Period: January 1 - March 1 • Filing Fee: \$50,00° • THIS REPORT MUST BE TYPED OR PE

* In accordance with R.I.G.L. 7-1. subject to a penalty fee of \$25.00.	.2-1501(e), each corporation	failing or refusing to file its a	nnual report within thirty (30)) days after t	the time prescribed by law	BLACK INK. (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No.	2. Name of Corporatio	" + 111	. 0			· · · · · · · · · · · · · · · · · · ·	
3. Street Address Principal Busines	s Office	Bounty Mov	ement Com	ter,	Inc		
335 Wood	Ville - Altor		City Hope Va	lley	INO State RI	ZIP 02832	
4. Business Phone No. (401) 5-39 - c	2562	5. State of Incorporation	Island				
6. Brief Description of the Characte	er of Business Conducted in	Rhode Island					
Dance a	nd Gymna	ustics So,	h00/				
7. NAMES AND ADDRESSI			ACHMENT) FILL I Vice President Name	N SPACES	BEFORE USING A	ITACHMENTS	
Jeanne Gardiner			\sim				
Street Address 27 First Avenue			Street Address Street Address Car Wyoming State RI 02898				
City WYOMING Secretary Name	State RI	^{2ip} 00898	Wyomina		State RI	01898	
Sandra Street Addross	e M. Morth	<u> </u>	: Treasurer Name	,	R. Gard.	d::	
16 K1	ngstown 1	Rd	Street Address 27 Fiv	ršt A	Venue		
WYOWING 8. NAMES AND ADDRESSE	Sale RT	74 O2898	Wyoming	1	State RI	02898	
Director Name	O OI THE DIRECTOR	5: ("X" BOX FOR AT	TACHMENT) FILL Director Name	IN SPACE	ES BEFORE USING	ATTACHMENTS	
Mreet Address _	<u>e M. Ma</u>		•	ne R	Gardine	21)	
96 K	nastown Side PT	Rd	· Sireel Address	(Avenue		
Wy oming Director Name	State RJ	Zip (1) 29 98	Wyom ina		State RJ	2ip 07898	
in the second se			Director Name	••••••••••	*******************		
Street Address			Street Address	<u> </u>	<u> </u>		
City	State	Ζip	City	S	late	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUEI	 D <i>("X" B(</i> ECTION <u>M</u> L	OX FOR ATTACHM	ENT)	
This information is currently State. Changes require an action of the control of	of record in the Offic	ce of the Secretary of	Number of Shares / OC		Class/Series The Will	M Par Value 100	
instruction sheet.	aditional filing. See S	ection 9 of					
						 	
This report must be executed	on behalf of the corn	oration by an outbories	<u> </u>				
This report must be executed this report must be executed	on behalf of the corpo	ration by the receiver o	r trustee.	corporatio	on is in the hands of	a receiver or trustee,	
			•				

File Date	FILED
Check No.	FEB 17 2009
Ву:	By 3019
	FOR SECRETARY OF STATE USE ONLY

Inder penalty of perjury, I declare and affirm that I have examined this report,
including any accompanying schedules and statements, and that all statements
ontained herein are true and correct.
Jeanne R. Landener 1/6/0
ghidure Date
Deanne R. Gardinen
rint or Type Name
Officer/president
ide
Form 630 Rev. 08/08