

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 2009

Filling Period: January 1 - March 1 • Filling 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(e) disposal for the time

1. Сограгаю ID No. - 143331	2 Name of Cor SKC Fitne				
3 Speed Address Principal Business Office 50 East Knowlton Street			City Riverside	State RI	Zip 02915
Frances Phone No. 5. State of Incorporation Rhode Island					1020
o <i>Boet Description of the</i> To Own and Opera	Character of Business Conducte a Fitness Center for	rcled in Rhode Island r Women			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Shelley S. Pray			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Catherine LaSalandra		
Street Address 50 East Knowlton Street			Street Address 45 Benedict Street		
շոր Riverside	State RI	χ _ψ 02915	City Riverside	State RI	^{Ζiρ} 02915
Secretary Name Catherine LaSalandra			Treasurer Name Catherine LaSalandra		
Street Address 45 Benedict Street			Street Address 45 Benedict Street		
_{an} Riverside	State RI	^{Х.ф} 02915	City Riverside	State RI	<i>∠ip</i> 02915
Shelley S. Pray	DRESSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	FACHMENT)		IG ATTACHMENTS
50 East Knowlton Street			Street Address 45 Benedict Street		
City Riverside Director Name	State RI	72ip 02915	City Riverside Director Name	State RI	Ζφ 02915
Street Address			Street Address		
Ήγ	State	Zip	Clty	State	Zip
), SHARES AUTHOR	RIZED			O ("X" BOX FOR ATTAC. ECTION MUST BE COMPLETED	
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.			Number of Shares	Class/Series	Par Value
			600	Common	No Par Val
l'his report must be c	executed on behalf of the	he corporation by an authorize	d representative. If the	corporation is in the hand	s of a receiver or tr

File Date	2-24-09
Check Ne	1316
Bv:	mnc
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare	and affirm that I have examined this report,
including any accompanying sched	dules and statements, and that all statements
contained herein are true and corre	ect.
shellers Pra	u teh 16.2009
Signature	Date
Shelley S. Pray	O
Print or Type Name	
President	
Title	