



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 2009

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. 143331		2. Name of Corporation SKC Fitness, Inc.			
3. Street Address Principal Business Office 50 East Knowlton Street			City Riverside	State RI	Zip 02915
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To Own and Operate a Fitness Center for Women					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Shelley S. Pray			Vice President Name Catherine LaSalandra		
Street Address 50 East Knowlton Street			Street Address 45 Benedict Street		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Catherine LaSalandra			Treasurer Name Catherine LaSalandra		
Street Address 45 Benedict Street			Street Address 45 Benedict Street		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Shelley S. Pray			Director Name Catherine LaSalandra		
Street Address 50 East Knowlton Street			Street Address 45 Benedict Street		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			600	Common	No Par Val

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	2-24-09
Check No.	1316
By:	mnc
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.

Signature: Shelley S. Pray Date: Feb 16, 2009
Print or Type Name: Shelley S. Pray
Title: President