

By FOR SECRETARY OF STATE USE ONLY

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

401.222.30

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 boundle for a \$525.00

subject to a penalty fee of \$25.0	<i>10</i> .		•	• •		
1. Corporate ID No. 487155	2. Name of Corporation Health Spa Ent	2. Name of Corporation Health Spa Enterprises, Inc.				
3. Street Address Principal Business Office 417 Smithfield Avenue			Providence	State Rhode Island	73p 02904-1577	
4. Business Phone No. 5. State of Incorporation 401-270-9008 Rhode Island			<u> </u>		020011071	
6. Brief Description of the Char Office Leasing and Mar	racter of Business Conducted in nagement	Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Kwang Cha Yu			ACHMENT) THE FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Kwang Cha Yu			
Street Address 417 Smithfield Avenue			Street Address 417 Smithfield Avenue			
շար Providence	State Rhode Island	^{Ζφ} 02904-1577	City Providence	State Rhode Island	^{Ζiφ} 02904-1577	
Secretary Name Kwang Cha Yu			Treasurer Name Kwang Cha Yu			
Street Address 417 Smithfield Avenue			Street Address 417 Smithfield Avenue			
City Providence	State Rhode Island	^{Zip} 02904-1577	City Providence	State Rhode Island	Zip 02904-1577	
B. NAMES AND ADDRES Director Name Kwang Cha Yu	SSES OF THE DIRECTOR	RS: ("X" BOX FOR AT	TACHMENT) FILL I Director Name	N SPACES BEFORE USING	ATTACHMENTS	
Street Address 417 Smithfield Avenue			Street Address			
Providence	State Rhode Island	Ζίρ 02904-1577	City	State	74 TEB	
Oirector Name			Director Name		26	
Street Address			Street Address			
ity	State	Zip	СИд	State	Zip	
. SHARES AUTHORIZE	D '	1	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION 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	
			100	Common	\$.01	
			<u> </u>			
This report must be execution in the exe	uted on behalf of the corn ted on behalf of the corn	poration by an authorize	ed representative. If the contrastee	corporation is in the hands of	of a receiver or trustee,	
_		aranaway me receiver	VI (III/IOC.			
			Under penalty of i	perjury, I declare and affirm tha	t I have examined this serve	
tre s		1	including any acco	ompanying schedules and states are true and correct.	ments, and that all stateme	
File Date FILED			Signature		1 2/26/09	
Check NoFEB 2 6 200)9		Kwang Cha	Yu	Date	

Print or Type Name

President

Title