

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RL02064-2615

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 horally fee of \$25.00.

law (R.I.G.L. 7-1.2-1501	(c&d)) is subject to a penalt	y fee of \$25.00.	ынд игрие из анниастерот	: wumn imrty (30) days after	the time prescribed by
1. Corporate All No.	2) 2. Name of Corporat	vess Firs			
3. Street Address Principal 905	Business Office CTORY HWY		W. Smitht	ield State RI	02896
4. Business Phone No.	7 222	5. State of Incorporation			
6. Brief Description of the	0082 Character of Business Conducted t	n Rhode Island			
tithes	is Gym ton	e Women	ACHMENT) [] FILL IN	SPACES BEFORE USING AT	TTACIEMENTS
Colleen Mercier			Vice President Name NONE		
Sircoi Address VIC	tory Hwy		Stroet Address		
N. Smith fi	eld State RI	^{Zip} 03896	City	State	Zip
Secretary Name Colleen Mercier Street Address			Treasurer Sapra Olleen Mercier		
905 Victory Hwy City Smithfield RI 02896			905 Victory Hwy		
N Smithfi			-701717	eld State RI	02396
Director Name	4	ORS: ("X" BOX FOR A	TTACHMENT) [] FILL II Director Name	N SPACES BEFORE USING	ATTACHMENTS
Colleen Merciar			NONE		
905 Vic	tory Hwy		Stroei Address		
N. Smithfi	tory Hwy	02896	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	Steite	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			19. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue
200	Common	.0	200	Common	,0
This garant must be a	3.1.16.61				
this report must be ex	secuted on behalf of the con	rporation by an authori rporation by the receive	zed representative. If the or r or trustee.	corporation is in the hands o	of a receiver or trustee.
			Under penalty of a	perjury, I declare and affirm that	t I have examined this report
		_ 1	including any acc	ompanying schedules and states	nents, and that all statements
File Date	. .		contained herein s	are true and correct.	0
		•	Signature Signature	en preur	Date 8-21-09
Check No. AUG 2 4	2009		(alloo.	v Mercier	
By:	75		Print or Type Name		
FOR SECRETAR	RY OF STATE USE ONLY			ident	
L			Title		Form 630 Rev. 12/06