



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)(4)) is subject to a penalty fee of \$25.00.

| | | | | | |
|--|-------------|---|---|---------------------|-----------------------|
| 1. Corporate ID No. 119417 | | 2. Name of Corporation Castle Row, Inc | | | |
| 3. Street Address Principal Business Office 883 Boston Neck Rd | | | City Narragansett | State RI | Zip 02882 |
| 4. Business Phone No. 401-783-3717 | | 5. State of Incorporation RI | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Health and Fitness | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Deborah T Hanson | | | Vice President Name Deborah T Hanson | | |
| Street Address 5 Osprey Drive | | | Street Address 5 Osprey Drive | | |
| City East Greenwich | State RI | Zip 02818 | City East Greenwich | State RI | Zip 02818 |
| Secretary Name Deborah T Hanson | | | Treasurer Name Deborah T Hanson | | |
| Street Address 5 Osprey Drive | | | Street Address 5 Osprey Drive | | |
| City East Greenwich | State RI | Zip 02818 | City East Greenwich | State RI | Zip 02818 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Deborah T Hanson | | | Director Name | | |
| Street Address 5 Osprey Drive | | | Street Address | | |
| City East Greenwich | State RI | Zip 02818 | City | State | Zip |
| 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 100.00 | Class/Series CWP | Par Value \$10,000 |

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 **FILED**

Check No. **SEP 30 2009**

By: 513

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.

Deborah T Hanson 9/29/09
Signature Date

Deborah T. Hanson
Print or Type Name

President
Title