

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 2010 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.				,	
. Corporate ID No. 2. Name of Corporation Angell Gymnastics, Inc.					
3. Street Address Principal Business Office 20 Glenwood Drive			City Coventry	State RI	^{Zip} 02816
4. Business Phone No. 5. State of Incorporation Rhode Island			- Hall - Adv		
6. Brief Description of the Character Teaching gymnastic skills, o	of Business Conducted in R develop and train to υ	hode Island Ise gymnastic equipme	ent. Train students for s	port competitions and fo	r personal benefit
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name Kimberly Angell			Vice President Name		
Street Address 20 Glenwood Dr			Street Address		
City Coventry	State RI	^{Zip} 02816	City	State	Zip
Secretary Name Kimberly Angell			Treasurer Name Kimberly Angell		
Street Address 20 Glenwood Dr.			Street Address 20 Glenwood Dr.		
City Coventry	State RI	^{Zip} 02816	City Coventry	State RI	<i>хір</i> 02816
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) 🗌 FILL II	N SPACES BEFORE USIN	IG ATTACHMENTS (
Director Name Kimberly Angell			Director Name		
Street Address			Street Address		
20 Glenwood Dr.	State	Zip	City	State	7
Coventry	RI	02816	Chy	Sime	75
Director Name			Director Name		3 5 5 5
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			0. SHARES ISSUED ("X" BOX FOR ATTACHMENT) USED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			5000	CWP	\$5.00
			-		
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.					
	on condit of the corpe	nation by the receiver	ir trustee.		
					that I have examined this report,
	FILER	1	including any acc contained herein a	ompanying schedules and st	atements, and that all statements
File Date			Krunn	1 Andel	12/15/09
			Signature	1 101-0	Date
			Kimberly Angell		
			Print or Type Nam	е	
FOR SECRETARY OF STATE USE ONLY KMC			President Title	*	
			ille		