

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. 7-1.2-150).

subject to a penalty fee of \$25.00.	z-1301(e), euch corporation	janing or rejusing to file its and	nuai report within thirty (50) .	aays after the time prescribed by	law (R.I.G.L. /-1.2-1501(cOd)) is
1. Corporate ID No. 104741	2. Name of Corporation Angell Gymnastics, Inc.				
3. Street Address Principal Business Office 20 Glenwood Drive			City Coventry	State RI	<i>zip</i> 02816
4. Business Phone No. 5. State of Incorporation 401-822-0324 Rhode Island		5. State of Incorporation Rhode Island	**		
6. Brief Description of the Characte Teaching gymnastic skills	er of Business Conducted in , develop and train to	Rhode Island use gymnastic equipm	ent. Train students for	sport competitions and fo	or personal benefit
7. NAMES AND ADDRESSI					-
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>Ζip</i> 02816
8. NAMES AND ADDRESSE	S OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT) 🗌 FILL I	N SPACES BEFORE USI	
Director Name Kimberly Angell			Director Name Street Address		
Street Address					
20 Glenwood Dr.	State	Zip	City	State	7/0
Coventry	RI	02816		Shire	プ
Director Name			Director Name		7
Street Address			Street Address		
City	State	Zip	City	State	Zip 🐱
9. SHARES AUTHORIZED			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
			5000	CWP	\$5.00
This report must be executed this report must be executed	d on behalf of the cor on behalf of the corp	poration by an authorize poration by the receiver o	ed representative. If the or trustee.	corporation is in the hand	ds of a receiver or trustee,
			Under penalty of	periury. I declare and affirm	that I have examined this report,
	ILED -	ר	including any acc	companying schedule? and si	tatements, and that all statements
File Date			contained herein are true and objects Signature Date		
			Print or Type Name		
			FOR SECRETARY OF STATE USE ONLY		
		J	Title		