

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.

1. Corporate ID No.	9. 2. Name of Corporatio	11			
504933	Five Alarm Fitn	ess, Inc.		·	<u> </u>
3. Street Address Principal Business Office 2225 Plainfield Pike			Johnston	State Rhode Island	<i>⊼ір</i> 02919
4. Business Phone No. 5. State of Incorporation Rhode Island			<u> </u>	<u> </u>	
6. Brief Description of the Chart workout facility / gym ar		Rhode Island			
7. NAMES AND ADDRES President Name	SSES OF THE OFFICERS	S: ("X" BOX FOR ATTA		SPACES BEFORE USING A	TACHMENTS
Mike DiFazio			Vice President Name Mike DiFazio		
Street Address			Street Address		
2225 Plainfield Pike			2225 Plainfield Pike	9	
Johnston	Rhode Island	02919	City Johnston	Rhode Island	^{Zip} 02919
Secretary Name Mike DiFazio			Treasurer Name Mike DiFazio		
Street Address 2225 Plainfield Pike			Street Address 2225 Plainfield Pike		
Johnston	State Rhode Island	^{Ζιρ} 02919	City Johnston	State Rhode Island	^{Zip} 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Mike DiFazio			TACHMENT) THE FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address 2225 Plainfield Pike			Street Address		
City	State	Zip	: : City	State	Zip
Johnston	Rhode Island	02919			7.47
Director Name			Director Name		
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
			None		
This report must be execu	ited on behalf of the cor	poration by an authorize	d representative. If the c	orporation is in the hands o	f a receiver or trustee
this report must be execu-	ted on behalf of the corp	oration by the receiver	or trustee.	exposition is in the hands (i a receiver of musice
			Under nevelte of -	anione I dealers and offer all	
		7	including any acco	perjury, I declare and affirm that companying schedules and stater	I have examined this re nents, and that all staten
File Date FIL	Eb.		contained herein a	re true and sorreet	
			Mickey	# VE Juyer	1-20-10
Check No. FEB 0	1 2010		Signature /	zio.	Date
3v 21	_>=6		Mike DiFax Print or Type Name		
Ву:	<u> </u>	i	or zipe itame		

Title