



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) 222-3090

## 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(c), 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.

|                                                                                                                                                            |             |                                                                |                                                                     |              |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------|---------------------------------------------------------------------|--------------|--------------|
| 1. Corporate ID No.<br>112121                                                                                                                              |             | 2. Name of Corporation<br>Renaissance Gymnastics Academy, Inc. |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>885 Waterman Avenue                                                                                         |             |                                                                | City<br>East Providence                                             | State<br>RI  | Zip<br>02914 |
| 4. Business Phone No.<br>(401) 735-0159                                                                                                                    |             | 5. State of Incorporation<br>Rhode Island                      |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To teach and promote gymnastics                                             |             |                                                                |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                                |                                                                     |              |              |
| President Name<br>Jennifer Corcelli                                                                                                                        |             |                                                                | Vice President Name<br>Matthew J. Corcelli                          |              |              |
| Street Address<br>397 Tidewater Drive                                                                                                                      |             |                                                                | Street Address<br>397 Tidewater Drive                               |              |              |
| City<br>Warwick                                                                                                                                            | State<br>RI | Zip<br>02888                                                   | City<br>Warwick                                                     | State<br>RI  | Zip<br>02888 |
| Secretary Name<br>Jennifer Corcelli                                                                                                                        |             |                                                                | Treasurer Name<br>Jennifer Corcelli                                 |              |              |
| Street Address<br>397 Tidewater Drive                                                                                                                      |             |                                                                | Street Address<br>397 Tidewater Drive                               |              |              |
| City<br>Warwick                                                                                                                                            | State<br>RI | Zip<br>02888                                                   | City<br>Warwick                                                     | State<br>RI  | Zip<br>02888 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                                |                                                                     |              |              |
| Director Name<br>None                                                                                                                                      |             |                                                                | Director Name                                                       |              |              |
| Street Address                                                                                                                                             |             |                                                                | Street Address                                                      |              |              |
| City                                                                                                                                                       | State       | Zip                                                            | 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                                                    | Class Series | Par Value    |
|                                                                                                                                                            |             |                                                                | 100                                                                 | Common       | No Par Value |

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.

|                                 |                |
|---------------------------------|----------------|
| <b>FILED</b>                    |                |
| File Date                       | MAR 08 2010    |
| Check No.                       |                |
| By:                             | By 4304 & 6367 |
| 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.

Signature: J. Corcelli Date: 1/25/10  
Print or Type Name: Jennifer Corcelli  
Title: President