



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 2011

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.

1. Corporate ID No. 100751		2. Name of Corporation Alfred Development Corporation	
3. Street Address Principal Business Office 306 County Road			City Barrington
		State RI	Zip 02806
4. Business Phone No. (401) 245-5559		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island To provide physical training and dietary advice and services			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Alfred V. Farina		Vice President Name Alfred V. Farina	
Street Address 4 Nayatt Point Court		Street Address 4 Nayatt Point Court	
City Barrington	State RI	Zip 02806	City Barrington
Secretary Name Donna Kane		Treasurer Name	
Street Address 2 Armand Drive		Street Address	
City North Providence	State RI	Zip 02904	City
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares 100		Class/Series Common	Par Value No Par Value
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.			

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.

FILED

File Date **FEB 07 2011**

Check No. _____

By: *MNE*

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 *Alfred V. Farina* Date _____

Alfred V. Farina

Print or Type Name

President

Title