



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 02904-26
401.222.30

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000104202		2. Name of Corporation Shape Up RI	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 150 Chestnut St.	
		City Providence	Zip 02903
5. Foreign corporation. Enter principal office address		City	State
			Zip

5. Brief Description of the character of the affairs which are actually conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Rajiv Kumar			Vice President Name		
Street Address 8 Imperial Place, 6C			Street Address		
City Providence	State RI	Zip 09203	City	State	Zip
Secretary Name Mared Meshekow			Treasurer Name		
Street Address 1521 Spruce St			Street Address		
City Philadelphia	State PA	Zip 19102	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

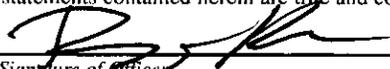
Director Name Anne Marie Connolly			Director Name May Flynn		
Street Address 5 Secluded Drive			Street Address 77 Onondaga Rd		
City Wakefield	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
Director Name Sachin Shah			Director Name		
Street Address 11 Harbor Close			Street Address		
City New Haven	State CT	Zip 06519	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

 **6/6/11**
Signature of Officer Date

Rajiv Kumar
Print or Type Name of Officer

President
Title of Officer

File Date	FILED
Check No.	JUN 08 2011
By: BY	1378
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