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 2012

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. 130620	*2. Name of Corporation* MILLER GYMNASTICS, INC.				
3. Street Address Principal Business Office 770 MAIN STREET			*City* WEST WARWICK	*State* RI	*Zip* 02893
4. Business Phone No 401-822-1223	*5. State of Incorporation* RHODE ISLAND				
6. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A GYMNASTICS AND CHEERLEADING BUSINESS					

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

President Name TOM O. MILLER			*Vice President Name*		
Street Address 770 MAIN STREET			*Street Address*		
City WEST WARWICK	*State* RI	*Zip* 02893	*City*	*State*	*Zip*
Secretary Name TOM O. MILLER			*Treasurer Name* TOM O. MILLER		
Street Address 770 MAIN STREET			*Street Address* 770 MAIN STREET		
City WEST WARWICK	*State* RI	*Zip* 02893	*City* WEST WARWICK	*State* RI	*Zip* 02893

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

Director Name			*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

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
100	COMMON	1.00

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.

[redacted]

FILED
File Date JAN 25 2012
Check No. 6516
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date* 1-10-12

TOM O. MILLER
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08