

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(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.

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1. Corporate ID No. 117090	2. Name of Co. EAST BA	2. Name of Corporation EAST BAY GYMNASTICS, INC.				
3. Street Address Principal Business Office 54 Gooding Avenue			City Bristol	State RI	<i>Zф</i> 02809	
4. Business Phone No. 5. State of Incorporation (401) 253-1267 Rhode Island		· · · · · · · · · · · · · · · · · · ·		102003		
6. Brief Description of the Charact TO ENGAGE IN THE BU	ter of Business Condi SINESS OF TE	icted in Rhode Island ACHING GYMNASTICS	<u> </u>			
7. NAMES AND ADDRESS President Name	ES OF THE OFF	ICERS: ("X" BOX FOR ATTA	ACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Elizabeth Fudge			Vice President Name Elizabeth Fudge			
Sireel Address 109 Highland Avenue			Street Address 109 Highland Avenue			
сцу Barrington	State RI	^{Zip} 02806	City Barrington	State RI	^{Ζφ} 02806	
Secretary Name Elizabeth Fudge			Treasurer Name Elizabeth Fudge			
Street Address 109 Highland Avenue			Street Address 109 Highland Avenue			
City Barrington	State RI	^{Zip} 02806	City Barrington	State RI	<i>гр</i> 02806	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name Elizabeth Fudge			TACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name None			
Street Address 109 Highland Avenue			Street Address			
City	State	Zíp	City	State	Zip	
Barrington Director Name	RI	02806				
None			Director Name None			
ireel Address			Street Address			
Cuy	State	Zip	Сиу	State	Zip	
). SHARES AUTHORIZED	· ·	I	: 10. SHARES ISSUED ISSUED SHARES — THIS SE	 <i>("X" BOX FOR ATTACI</i> CTION <u>MUST</u> BE COMPLETED	HMENT)	
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	
			500	Common	No Par	
This report must be executed his report must be executed	d on behalf of the	ne corporation by an authorize e corporation by the receiver of	d representative. If the cor trustee.	corporation is in the hand	s of a receiver or trustee	
			Under penalty of principle including any according	erjury, I declare and affirm to empanying schedules and sta	hat I have examined this re-	
HLED)		contained herein a	re true and correct	/ I	
File Date	040		Velizab	th K. F.	udge 1/2	
Check No. JAN 3 0 2	012		Signature		Date	
By 169	12		Elizabeth F			
y	1.0	<u> </u>	Print or Type Name President			

Title