

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street. Providence. RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BL	.ACK)			And the second of the second o	The second second second second second		
1. Corporate ID No.	2 Name of Corporation						
135301	Bridge To Fitnes	5, 1116.	City	State	Zip		
3. Street Address Principal Busine			Middletown	RI	02840		
951 Aquidneck Aver. 4. Business Phone No.	iue	5. State of Incorporation	THE COURT OF THE PARTY OF THE P		6. SIC Code		
4. Business Phone No. 4016190709		RHODE ISLAND					
7. Brief Description of the Charac	of Business Conducte	1	and the special control of the second of the	wo			
TO OWN AND OPERATE A	FULL FITNESS H	EALTH FACILITY FO		The second of th	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
8. NAMES AND ADDRESS President Name	ES OF THE OFFICE	RS ("X" BOX FOR ATTA	_Vice President_Name	ES BEFORE USINGALIA	(CHMENTS :: Cassillane		
Daniel B. Gough			Rebecca J. Gough				
Street Address			Street Address				
951 Aquidneck Avenue			951 Aquidneck Avenue				
City	State	Zip	City	State RI	<i>Zip</i> 02840		
Middletown	RI	02840	Middletown Treasurer Name				
Secretary Name			Daniel B. Gough				
Rebecca J. Gough	and the second of the second		the state of the s				
Street Address			Street Address 951 Aquidneck Avenue				
951 Aquidneck Aven	Commission of the second of th	e was a sign of the control of the c		State	Zip		
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Middletown	RI			and the second s	CONTRACTOR OF THE PROPERTY OF THE STREET OF THE STREET AND THE STR		
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR AL	Director Name				
1			- Director frame		•		
None	And the second s		Street Address	Control of the second s	The state of the s		
Street Address			. Sir cer / tuta caa		:		
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address		erency cycloge e agrangming, egg e acción e	Street Address	THE STANDARD SECTION AND SECTI	and the second s		
City	State	Zip	City	State	Zip		
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10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	(CHMENT) L	11. SHARES ISSUED ("X" E ISSUED SHARES	UX TUK ZITACII IIEAU	Ц		
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8,000 \$1.00 PAR VALUE			200	common	\$1.00		
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This report must be signed	d San San E. Kara and ela and ela	a Buaridant Vica Pra	sidant Secretary Assista	nt Secretary Treasure	er Receiver or Trustee		
This report must be signed	t in ink by either in	e President, vice Fre	зист, зестешту, позыц	m occretary, measure	.,		
1 3 5	3 0 1		Under penalty of perjur	y. I declare and affirm the	it I have examined		
		_	this report, including ar	y accompanying schedule contained herein are true a	es and statements,		
135301 DBC 03/01/05	10:29:56 AM		and that all statements	contained herein are true a	ing correct.		
	n e		Donal	$\mathcal{L}_{12}\mathcal{L}_{-}$	2-1525		
File Date	<u></u>	}	Senature of Officer	Dat	· · · · · · · · · · · · · · · · · · ·		
Check No. MAR 0 4	2005 1030		Daniel B. Gou	ıah			
Check to.	2001 (Print or Type Name of Off				
By: By Lb			President				
FOR SECRETARY OF STATE	USE ONLY		Title of Officer		Form 630 12/01		
. OIL BECKER HILL OF SHIEL		1	Time of Officer		101111 000 7=101		



Matthew A. Brown, Secretary of State Corporations Division Main Street, Providence, RI 02903-1335 01.222.3040

AND PROVIDENCE PLANTATIONS Office of the Secretary of State			100 North Main Street, Providence, R1 40 41		
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Filing Period: January 1 - M	March 1 ● File	ling Fee: \$50.00			
ORM MUST BE TYPED IN BL					
. Corporate ID No.	2. Name of Corpore	_			
135301	Bridge To Fit	ness, Inc.	C):	State	Zip
. Street Address Principal Busines	is Office		City	RI	02840
158 Gibbs Avenue		5 G Claramanian	Newport	N.I.	6. SIC Cod
. Business Phone No.		5. State of Incorporation RHODE ISLAND			3, 312 21
(401) 619-07		· · · · · · · · · · · · · · · · · · ·			
Brief Description of the Charac OOWN AND OPERATE A	FULL FITNESS	S HEALTH FACILITY FO			
B. NAMES AND ADDRESSI	S OF THE OFF	ICERS ("X" BOX FOR ATTA	(CHMENT) TILL IN SP. Vice President Name	ACES BEFORE USING AT	TACHMENTS
President Name Daniel B. Gough			Rebecca J. Goug	j h	
Street Address			Street Address		
158 Gibbs Avenue			158 Gibbs Avenu	ıe	
Cav	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
ecretary Name			Treasurer Name		
Rebecca J. Gough			Daniel B. Gough	•	
Street Address			Street Address		
158 Gibbs Avenue			158 Gibbs Avenu		7).
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport_	RI	02840
9. NAMES AND ADDRESS! Director Name	ES OF THE DIRI	ECTORS ("X" BOX FOR AT	TACHMENT) TILL IN S Director Name	SPACES BEFORE USING	ATTACHMENTS
None					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10, SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT)		X" BOX FOR ATTACHMEN	(T) 🗆
AUTHORIZED SHARES			ISSUED SHARES	Class/Series	Par Value
Number of Shares	Class/Series	Par Value	Number of Shares	Classifieries	• • • • • • • • • • • • • • • • • • • •
8,000 \$1.00 PAR VALUE	E		200	common	\$1.00
This report must be signe e	l in ink hv aitha	or the President Vice Pr	esident, Secretary, Assi	stant Secretary, Treas:	urer, Receiver
This report must be signe t	t in ink by eiine	er ine President, rice i re	estaem, occidian, most		



135301	DBC-01/13/04 09:27:39 AM
File Date_	d distribute della
Check No	JAN 2 2 2004
By:	W M17377
	ETARY 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.

Dan & B.	Ch	15 JAN 2004	
Signature of Officer	-0	Date	
Daniel B. Gou	gh		

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01