



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2016 JUN -1 PM 1:30

Profit Corporation Annual Report for the year: 2014

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE*

1. Entity ID Number <u>000143275</u>		2. Exact name of the Corporation <u>Susan Anthony Enterprises, Inc</u>			
3. Principal Office Address <u>95 Waterman Ave</u>			City <u>East Prov.</u>	State <u>RI</u>	Zip <u>02914</u>
4. Business Phone Number <u>401-338-1479</u>			5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Pilates - Gyrotonic - Holistic Health + Nutrition Coaching</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Susan Anthony</u>			Vice-President Name		
Street Address <u>157 Robinson St</u>			Street Address		
City <u>East Prov</u>	State <u>RI</u>	Zip <u>02914</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES <u>0</u>	CLASS/SERIES	PAR VALUE
11. 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. <i>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.</i>					
Name of Authorized Representative <u>Susan Anthony</u>				Date <u>6.1.16</u>	
Signature of Authorized Representative <u>S. Anthony</u>			SIGN DOCUMENT HERE		

FILED

JUN 01 2016

BY CA 275597

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