

A. Ralph Mollis, Secretary of State Corporations Division 2017 Providence, RI 02904-2615

401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 \$2	5.00.					
1. Corporate ID No. 105264		2. Name of Corporation ADVANCED CELL TRAINING, INC.				
3. Street Address Principal Business Office 1 Hall Street			City Warwick	State RI	<sup>Ζίμ</sup> 02818	
4. Business Phone No. 5. State of Incorp 401-885-4574 Rhode Islan						
6. Brief Description of the Co TO PROVIDE FOCU			ATION AND ANY AND AL	L LAWFUL BUSINESS R	RELATING THERETO	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT) President Name Gary Blier			TTACHMENT) TFILL IN  Vice President Name  Gary Blier	Vice President Name		
Street Address 1 Hall Street			Street Address 1 Hall Street			
<sup>City</sup> Warwick	State RI	<sup>Ζφ</sup> 02818	<sup>City</sup> Warwick	State RI	<i>Zip</i> 02818	
Secretary Name Gary Blier			Treasurer Name Gary Blier			
Street Address 1 Hall Street			Street Address 1 Hall Street	į		
City Warwick	State RI	<sup>Zip</sup> 02818	<sup>City</sup> Warwick	State RI	<i>Ζψ</i> <b>02818</b>	
8. NAMES AND ADDR Director Name NONE AT THIS TIME	AATTE WAS BELLEVED TO THE CONTROL OF	CTORS: (*X* BOX FOR	ATTACHMENT) [ FILL] Director Name	in spaces before usin	G ATTACHMENTS	
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zψ	
Director Name			Director Name	Director Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zψ	
9. SHARES AUTHORIZ	ZED			) ("X" BOX FOR ATTAC ECTION MUST BE COMPLETED	none, a conception —	
marine and		0.00	Non-law of Change	Class/Series	Par Value	
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.			100	Common	No Par	
			THE SE	graph bases so les		
This report must be ex-	ecuted on behalf of th	e corporation by an author	orized representative. If the	corporation is in the hand	s of a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.

	FILED ~	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date	EB 1 0 2017	contained herein by true and correct.
Check No.	6035	Signature / Date / Date
By: POR SECRETARY OF STATE USE ONLY		Print or Type Name President
	<del></del>	Title