



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>110717</b>		2. Name of Corporation <b>Weighless Nutrition Centers, Inc.</b>			
3. Street Address Principal Business Office <b>359 Thames St</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
4. Business Phone No. <b>401 848 0295</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>8888</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO OWN AND OEPRATE WEIGHT LOSS AND NUTRITION CENTERS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Charles F Hill Jr</b>			Vice President Name		
Street Address <b>359 Thames St</b>			Street Address <b>Same as</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State <b>R.I.</b>	Zip
Secretary Name			Treasurer Name		
Street Address <b>Same as</b>			Street Address <b>Same as</b>		
City	State <b>R.I.</b>	Zip	City	State <b>R.I.</b>	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Charles F Hill Jr</b>			Director Name		
Street Address <b>359 Thames St</b>			Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
<b>1,000 NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date **FILED**

Check No. **FEB 28 2005 1451**

By: **MB**

FOR SECRETARY 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.

Signature of Officer **[Signature]** Per. **2-20-05**  
Date

**Charles F Hill Jr Pres.**  
Print or Type Name of Officer

**President**  
Title of Officer

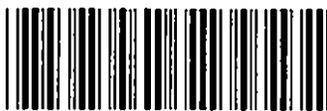


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>110717</b>		2. Name of Corporation <b>Weighless Nutrition Centers, Inc.</b>			
3. Street Address Principal Business Office <b>359 Thomas Street</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
4. Business Phone No. <b>(401) 848-0095</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>8888</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO OWN AND OEPRATE WEIGHT LOSS AND NUTRITION CENTERS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Charles F. Hill, Jr President</b>			Vice President Name <b>Charles F. Hill, Jr</b>		
Street Address <b>359 Thomas Street</b>			Street Address <b>359 Thomas Street</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Charles F. Hill, Jr</b>			Treasurer Name <b>Charles F. Hill, Jr</b>		
Street Address <b>359 Thomas Street</b>			Street Address <b>359 Thomas Street</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Charles F. Hill, Jr</b>			Director Name <b>N/A</b>		
Street Address <b>359 Thomas Street</b>			Street Address <b>N/A</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Director Name			Director Name		
Street Address <b>N/A</b>			Street Address <b>N/A</b>		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 0 7 1 7 \*

File Date 02.23.04  
Check No. 993  
By: ICP

FOR SECRETARY 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.

Charles F. Hill, Jr Pres. 2/6/04  
Signature of Officer Date  
Charles F. Hill, Jr President  
Print or Type Name of Officer  
President  
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110717  
2. Name of Corporation Weighless Nutrition Centers, Inc.  
3. Street Address Principal Business Office  
359 Thames Street  
4. Business Phone No. (401) 848-0095  
5. State of Incorporation RHODE ISLAND  
7. Brief Description of the Character of Business Conducted in Rhode Island  
operate Weight loss Centers

City Newport State RI Zip 02840  
6. SIC Code 8888

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Charles F. Hill, Jr  
Street Address 202 Golden Eagle Road  
City Waterville Valley State NH Zip 03215  
Secretary Name Charles F. Hill, Jr  
Street Address 202 Golden Eagle Rd  
City Waterville Valley State NH Zip 03215

Vice President Name Charles F. Hill, Jr  
Street Address 202 Golden Eagle Rd  
City Waterville Valley State NH Zip 03215  
Treasurer Name Charles F. Hill, Jr  
Street Address 202 Golden Eagle Rd  
City Waterville Valley State NH Zip 03215

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Charles F. Hill, Jr  
Street Address 359 Thames Street  
City Newport State RI Zip 02840  
Director Name N/A  
Street Address N/A  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name N/A  
Street Address N/A  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name N/A  
Street Address N/A  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	NO PAR VALUE	

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 0 7 1 7 \*

File Date: 2-28-03

Check No.: 530

By: [Signature]

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 of Officer [Signature] Date 2/26/03

Print or Type Name of Officer Charles F. Hill, Jr President

Title of Officer President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110717** 2. Name of Corporation **Weighless Nutrition Centers, Inc.**

3. Street Address Principal Business Office **359 Thames Street** City **Newport** State **RI** Zip **02840**

4. Business Phone No. **(401) 848-0095** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island

**operate weight loss centers**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Charles F. Hill, Jr President**  
Street Address **202 Golden Eagle**  
~~**359 Thames Street**~~  
City **Waterville Valley** State **NH** Zip **03215**  
~~**Newport RI 02840**~~

Vice President Name **Charles F. Hill, Jr**  
Street Address **202 Golden Eagle**  
City **Waterville Valley** State **NH** Zip **03215**

Secretary Name **Charles F. Hill, Jr**  
Street Address **202 Golden Eagle**  
City **Waterville Valley** State **NH** Zip **03215**

Treasurer Name **Charles F. Hill, Jr**  
Street Address **202 Golden Eagle**  
City **Waterville Valley** State **NH** Zip **03215**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Charles F. Hill, Jr Director**  
Street Address **359 Thames Street**  
City **Newport** State **RI** Zip **02840**  
Street Address **N/A**  
City State Zip

Director Name **N/A**  
Street Address **N/A**  
City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 0 7 1 7 \*

**2-28-02**

File Date: \_\_\_\_\_

Check No.: **204**

By: **[Signature]**

FOR SECRETARY 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.

**[Signature]** President **2-26-02**  
Signature of Officer Date

**Charles F. Hill, Jr President**  
Print or Type Name of Officer

**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110717** 2. Name of Corporation **Nutrition-Plus, Inc. Weightless Nutrition Centers, Inc**  
3. Street Address Principal Business Office **359 Thames St** City **Newport** State **RI** Zip **02840**  
4. Business Phone No. **(401) 848-0095** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**operate weight loss centers**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Charles F. Hill, Jr</b>	Vice President Name <b>Charles F. Hill, Jr</b>
Street Address	Street Address
City State Zip	City State Zip

Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Charles F. Hill, Jr</b>	Director Name <b>Charles F. Hill, Jr</b>
Street Address	Street Address
City State Zip	City State Zip

Director Name <b>Charles F. Hill, Jr</b>	Director Name <b>Charles F. Hill, Jr</b>
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>NO</b>	<b>PAR VALUE</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **9-27-01**  
Check No: **415**  
By: **[Signature]**

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]** President 9-27-01  
Signature of Officer Date  
**Charles F. Hill, Jr**  
Print or Type Name of Officer  
**President**  
Title of Officer