



**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>139921</b>		2. Name of Corporation <b>IYENGAR YOGA SOURCE, INC.</b>			
3. Street Address Principal Business Office <b>2190 Broad St #5</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
4. Business Phone No. <b>401 461 6665</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO OWN AND OPERATE A YOGA STUDIO, TEACH FITNESS, WELLNESS CONSULTING, TEACHER TRAINING, ALSO THE SALE OF BOOKS, PROPS AND CLOTHING RELATED TO YOGA PRACTICE</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Linda J DiCarlo</b>			Vice President Name		
Street Address <b>1436 Narragansett Blvd #1</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
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 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</b>	<b>\$1.00</b>	<b>PAR VALUE</b>	<b>0</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. **OCT 07 2005**  
By: **3y [Signature] 190576**  
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.

**Linda J DiCarlo** 3/1/05  
Signature of Officer Date  
**Linda J. DiCarlo**  
Print or Type Name of Officer  
**President**  
Title of Officer