



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. 112634		2. Name of Corporation New Generation Gymnastics Academy Inc			
3. Street Address Principal Business Office 4 Frank Avenue			City West Kingston	State RI	Zip 02892
4. Business Phone No. 401/782-9596		5. State of Incorporation RHODE ISLAND		6. SIC Code 8730	
7. Brief Description of the Character of Business Conducted in Rhode Island THE TRACKING OF GYMNASTICS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Susan M. Paul			Vice President Name none		
Street Address 39 Forest Street			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Secretary Name none			Treasurer Name none		
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 none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
1,000 NO PAR VALUE			Par Value		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares			Class/Series		
none			Par Value		

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. **MAY 16 2005** 1260
By: **By** ICB
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.

Susan M. Paul 1/5/05
Signature of Officer Date
Susan M. Paul
Print or Type Name of Officer
President
Title of Officer



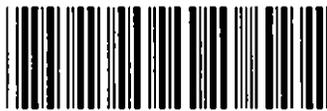
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 112634		2. Name of Corporation New Generation Gymnastics Academy Inc			
3. Street Address Principal Business Office 4 FRANK AVE UNIT 4A			City W. KINGSTON	State RI	Zip 02892
4. Business Phone No. (401) 782-9596		5. State of Incorporation RHODE ISLAND		6. SIC Code 8730	
7. Brief Description of the Character of Business Conducted in Rhode Island THE TRACKING OF GYMNASTICS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SUSAN M. PAUL			Vice President Name		
Street Address 39 FOREST STREET			Street Address		
City N. PROVIDENCE	State RI	Zip 02911	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
1,000 NO PAR VALUE			100	Common	No Par Value

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



* 1 1 2 6 3 4 *

File Date 10-1-04
Check No. 1145
By: OC

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.

Susan M. Paul 9/1/04
Signature of Officer Date
Susan M. Paul
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 IN BLACK)

1. Corporate ID No. <u>112634</u>		2. Name of Corporation <u>New Generation Gymnastics Academy Inc</u>		
3. Street Address Principal Business Office <u>4 Frank Ave. Unit 4A</u>		City <u>W. Kingston</u>	State <u>RI</u>	Zip <u>02892</u>
4. Business Phone No. <u>401-782-9596</u>		5. State of Incorporation <u>RI</u>		6. SIC Code <u>8730</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Gymnastics Instruction</u>				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>Susan M. Paul</u>		Vice President Name		
Street Address <u>4 Frank Ave. Unit 4A</u>		Street Address		
City <u>W. Kingston</u>	State <u>RI</u>	Zip <u>02892</u>	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
<u>1,000</u>	<u>No par value</u>		<u>100</u>	<u>Common</u>
				<u>No par value</u>

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

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.

Susan M. Paul 10-1-03
Signature of Officer Date
Susan M. Paul
Print or Type Name of Officer
President
Title of Officer

FILED OCT 10 2003
File Date
Check No. 11858568
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



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. **112634** 2. Name of Corporation **New Generation Gymnastics Academy Inc**
 3. Street Address Principal Business Office **4 Frank Ave unit 4A** City **West Kingston** State **RI** Zip **02892**
~~20 Oakdale Avenue~~ City **Providence** State **RI** Zip **02908**
 4. Business Phone No. **782-9596** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code
~~401-453-0826~~

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

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

President Name Susan Paul	Vice President Name
Street Address 31 Saybrook Ave	Street Address
20 Oakdale Avenue	
City Providence State RI Zip 02908	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	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)

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
1 Common No par value

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



* 1-1-2634 *
 8-28-02

File Date: 4/15
 Check No: 72

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: Susan M. Paul Date: 8/16/02
 Print or Type Name of Officer: Susan Paul



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. **112634** 2. Name of Corporation **New Generation Gymnastics Academy Inc**
3. Street Address Principal Business Office **20 Oakdale Avenue** City **Providence** State **RI** Zip **02908**
4. Business Phone No. **401-453-0826** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

Gymnastics Instruction

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

President Name Susan Paul	Vice President Name
Street Address 20 Oakdale Avenue	Street Address
City Providence State RI Zip 02908	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	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)

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
0 Common No par value

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



* 1 1 2 6 3 4 *

File Date: **3-28-01**
Check No.: **90004**
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.

Susan M. Paul **3/27/01**
Signature of Officer Date
Susan Paul
Print or Type Name of Officer
President
Title of Officer