



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 106562		2. Name of Corporation NORTHEAST SPORTS TRAINING, INC.			
3. Street Address Principal Business Office 25 CORONADO ROAD			City WARWICK	State RI	Zip 02886-
4. Business Phone No. 4017391528		5. State of Incorporation RHODE ISLAND			6. SIC Code 8557
7. Brief Description of the Character of Business Conducted in Rhode Island PERSONAL TRAINING AND CONDITIONING FOR ATHLETES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael C. Macchioni			Vice President Name SAME		
Street Address 35 Naples Avenue			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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			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
3,000	NO PAR VALUE		3000		NO PAR

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



FILED

106562 DBC 01/12/05 01:21:18 PM

File Date FEB 24 2005

Check No. By M58899

By:

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.

Michael Macchioni 2/22/05
Signature of Officer Date

Michael C. Macchioni

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 106562		2. Name of Corporation NORTHEAST SPORTS TRAINING, INC.			
3. Street Address Principal Business Office 25 CORONADO ROAD			City WARWICK	State RI	Zip 02886-
4. Business Phone No. 4017391528		5. State of Incorporation RHODE ISLAND			6. SIC Code 8557
7. Brief Description of the Character of Business Conducted in Rhode Island PERSONAL TRAINING AND CONDITIONING FOR ATHLETES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael C. Macchioni			Vice President Name SAME		
Street Address 35 Naples Avenue			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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			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
3,000	NO PAR VALUE		3000		NO PAR

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



1 0 6 5 6 2

106562 DBC 01/12/2005 3:22 PM

FILED

Filing Date
FEB 24 2005

Check No.
B1158899

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 of Officer
Michael C. Macchioni
Date
2/22/05
Print or Type Name of Officer
Michael C. Macchioni
Title of Officer
President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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.

106562

2. Name of Corporation

NORTHEAST SPORTS TRAINING, INC.

3. Street Address Principal Business Office

25 CORONADO ROAD

City

WARWICK

State

RI

Zip

02886

4. Business Phone No.

401-739-1528

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8557

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

PERSONAL TRAINING AND CONDITIONING FOR ATHLETES

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

President Name

MICHAEL MACCHIONI

Vice President Name

Street Address

35 NAPLES AVENUE

Street Address

City

WARWICK

State

RI

Zip

02886

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

MICHAEL MACCHIONI

Director Name

Street Address

35 NAPLES AVENUE

Street Address

City

WARWICK

State

RI

Zip

02886

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

3,000 NO PAR VALUE

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

ISSUED SHARES

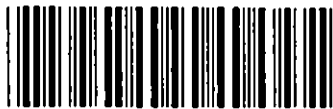
Number of Shares

Class/Series

Par Value

3,000 NO PAR VALUE

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



* 1 0 6 5 6 2 *

File Date: 3-13-03

Check No.: 2328

By: On

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.

Michael Macchioni 3/4/03
Signature of Officer Date

MICHAEL MACCHIONI
Print or Type Name of Officer

PRESIDENT
Title of Officer





STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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.

106562

2. Name of Corporation

NORTHEAST SPORTS TRAINING, INC.

3. Street Address Principal Business Office

25 Coronado Rd.

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

401-739-1528

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8557

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

Sports Training

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

President Name

Mark Stephenson

Street Address

5 Poplar Ave.

City

Warwick

State

RI

Zip

02889

Secretary Name

Street Address

City

State

Zip

Vice President Name

Michael Macchioni

Street Address

35 Naples Ave.

City

Warwick

State

RI

Zip

02886

Treasurer Name

Mark Stephenson

Street Address

5 Poplar Ave.

City

Warwick

State

RI

Zip

02889

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

Director Name

Mark Stephenson

Street Address

5 Poplar Ave.

City

Warwick

State

RI

Zip

02889

Director Name

Street Address

City

State

Zip

Director Name

Michael Macchioni

Street Address

35 Naples Ave.

City

Warwick

State

RI

Zip

02886

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

3,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

3,000 NO PAR VALUE

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



* 1 0 6 5 6 2 *

File Date: 3-8-02

Check No.: 15666

By: ce

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.

Mark Stephenson 3/6/02
Signature of Officer Date

Mark Stephenson
Print or Type Name of Officer

President
Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. 106562 2. Name of Corporation NORTHEAST SPORTS TRAINING, INC.

3. Street Address Principal Business Office

25 Coronado Road

4. Business Phone No.

(401) 739-1528

5. State of Incorporation
RHODE ISLAND

City

Warwick

State

RI

Zip

02886

6. SIC Code
8557

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

Sports Training Facility

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

President Name

Mark Stephenson

Street Address

5 Poplar Avenue

City

Warwick

State

RI

Zip

02889

Secretary Name

Street Address

City

State

Zip

Vice President Name

Michael Macchioni

Street Address

35 Naples Avenue

City

Warwick

State

RI

Zip

02886

Treasurer Name

Street Address

City

State

Zip

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

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares 1500

Class/Series

Par Value

3,000 NO PAR VALUE

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

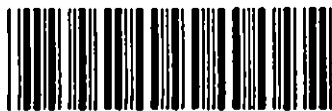
ISSUED SHARES

Number of Shares 1500

Class/Series

Par Value

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



* 1 0 6 5 6 2 *

File Date: 8-30-01

Check No.: 1558

By: 2

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] 7-16-01
Signature of Officer Date

MARK D STEPHENSON
Print or Type Name of Officer

PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 106562 2. Name of Corporation

05-050505542

NorthEast Sports Training, Inc.

3. Street Address Principal Business Office

City

State

Zip

25 Coronado Road

Warwick

RI

02886

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 739-1528

Rhode Island

8557

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

Provide sports specific strength & conditioning through education & implementation

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Vice President Name

Mark Stephenson

Michael Macchioni

Street Address

Street Address

5 Poplar Ave.

35 Naples Ave.

City

State

Zip

City

State

Zip

Warwick

RI

02889

Warwick

RI

02886

Secretary Name

Treasurer Name

None

None

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Director Name

Street Address

Street Address

None

None

City

State

Zip

City

State

Zip

Director Name

Director Name

None

None

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,500

N/A

1,500

N/A

N/A

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

PAID

File Date: SEP 21 2000 249723

Check No.: 249723

SEC'Y OF STATE

By: _____

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.

Mark Stephenson 9/12/00
Signature of Officer Date

Mark Stephenson 9/12/00
Print or Type Name of Officer

President
Title of Officer