

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

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

3. Street Address Principal Busi 25 CORONADO ROAD 4. Business Phone No. 4017391528 7. Brief Description of the Char PERSONAL TRAINING A 8. NAMES AND ADDRES President Name	acter of Business Con			State RI	<i>Zip</i> 02886-
6. Business Phone No. 4017391528 7. Brief Description of the Char PERSONAL TRAINING A 8. NAMES AND ADDRES President Name	ND CONDITIONI	RHODE ISLA	ntion	RI	02886-
4017391528 7. Brief Description of the Char PERSONAL TRAINING A 8. NAMES AND ADDRES President Name	ND CONDITIONI	RHODE ISLA		<u> </u>	
7. Brief Description of the Char PERSONAL TRAINING A 8. NAMES AND ADDRES President Name	ND CONDITIONI	ducted in Rhode Island	ND		6. SIC Code
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President Name	CLC ULTHE MILE				
	SES OF THE OFF	ICERS ("X" BOX FOR	Vice President Name	PACES REPORE USING VI	TACHMENTS
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City	State	Zip	City	State	Σ <u>Ω</u> 5 _ S
Warwick	RI	02886		!	
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Street Address			Street Address		4 200
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9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS 3
Director Name			Director Name		4-
NONE		•	NONE		• • •
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City:	State	Zip	·City	State	Zip
· /					,
Director Name			Director Name	!	
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10. SHARES AUTHORIZ	ED C'X" BOX FOR	ATTACHMEND D	11. SHARES ISSUED C	'X" BOX FOR ATTACHMEN	7) D
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Sumber of Shares	Class/Scries	Par Value	Number of Shares	Class/Scries	Par Value
3,000 NO PAR VALUE		3000		NO PAR	
his report must be sign	ed in ink by eithe	er the President, Vice	President, Secretary, Ass	istant Secretary, Treasi	irer, Receiver or Tru

	Under penalty of perjury, I declare and affirm that I have exa this report, including any accompanying schedules and states
106562 DBC 01/12/05 01:21:18 PM File Date FEB 2 4 2005	and that all statements contained herein are true and correct. Metall Metallic 2/22
Check No. By NS 889 9 GAM	Michael C. Macchioni Print or Type Name of Officer President
OR SECRETARY OF STATE USE ONLY	Title of Officer



Check No.

FOR SECRETARY OF STATE USE ONLY

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		Filing Fee: \$50.00			,		
(FORM MUST BE TYPED I							
1 Corporate ID No. 106562	2. Name of Cor NORTHEA	poration AST SPORTS TRAIN	ING, INC.	G, INC.			
3. Street Address Principal B	Business Office		City	State	Zip		
25 CORONADO ROA	ID		WARWICK	RI	02886-		
4. Business Phone No.		5. State of Incorpor	ation		6. SIC Code		
4017391528		RHODE ISLA	ND		8557		
7. Brief Description of the C PERSONAL TRAINING		onducted in Rhode Island NING FOR ATHLETES.					
8 NAMES AND ADDR	ESSES OF THE O	FFICERS ("X" BOX FOR	RATTACHMENT) [FILIZIN'S	PACES BEFORE USING A	HACHMENTS SOLD SELECT		
Michael C. Macchioni			Vice President Name SAME				
Sircei Address			Street Address				
35 Naples Avenue	0		. Sirect Matiress				
	State	Zip	City	State	Ζίρ		
City Warwick	RI	02886	· Cm)·	, sure	*** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** ***		
Secretary Name	!	102000	Treasurer Name	: ! .			
SAME			SAME				
			' Street Address				
Sireci Address		•	Sirect Address		FE		
City	State	Zip	*City	State	Zib 2.2.1		
		'	• •	•	2		
9. NAMES AND ADDR	ESSES OF THE D	IRECTORS C'X" BOX F	OR ATTACHMENT) TELL'IN	SPACES BEFORE USING	ATTACHMENTS		
Director Name			Director Name		20.		
NONE			· NONE		<u> </u>		
Sireei Address			· Sireei Address		<u> </u>		
			•		3 4		
City	State	Zip	·City	State	Zip		
]			, ,]		
Director Name			· Director Name		•		
<u> </u>					· · · · · · · · · · · · · · · · · · ·		
Street Address			Street Address				
City	State	Zip	City	State	Zip		
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AUTHORIZED SHARES	The state of the s	ж.п. жеписич)	ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
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3,000 NO PAR VALU	······································		3000		NO PAR		
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This report must be sign	gned in ink by en	iner the President, Vic	e President, Secretary, Ass.	stant Secretary, Treas	urer, Receiver or Trustee		
8) ((8) (8)	I BII BI BIRI BERI BERI B						
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				g any accompanying sched			
*106562 DBC 04/42				nts contained herein are tru			
*106562 DBC 01/12		'	1. 1	11/	/ /		
File Date	CEN O A PINIL	<u> </u>	Malund	Mucha	2/22/05		
1	PER 2 4 (UU)) [Signature of Officer		Daic '		

Michael C. Macchioni

Form 630 12/01

Print or Type Name of Officer

President

Title of Officer

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

2003

PROFIT COR Filing Period: Janua			PORT FOR TH	E YEAR	PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED OR PR 1. Corporate ID No. 106562	2. Name of Corpora	tion T SPORTS TRAINING, INC	3 .		
3. Street Address Principal Busin	· ·		City	State RI	zip 02886
25 CORONAL	DO NOAU	5. State of Incorporation	WARWICK	N.Z.	6. SIC Code
401-739-152	8	RHODE ISLAND	1		8557
7. Brief Description of the Chara	icter of Austriess Conducted I	n Rhode Island			
		TIONING FOR AT			
President Name		ICERS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
MICHAEL MA Street Address	CCHIONI		· Street Address		
35 NAPLES	AVENUE				M. I.
WARWICK	State R I	02886	City	State	Zip
Secretary Name			Treasurer Name		•
Street Address			Street Address		
City	State	Zip	Gity	State	Zip
9. NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS (*x* box for at	TACHMENT) FILL IN SPAC	ES BEFORE USING ATT	TACHMENTS
MICHAEL M			Street Address		
35 NAPLES. WARWICK	AVENUE				
City	State ~	7.1p	City	State	Zip
Director Name	KZ.	02886	Director Name		
Street Address			Street Address		
City	State	Zip	Сну	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	<i>(τ</i>)
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
3,000 NO PAR VALUE			3,000 NO PAR VAL	૧ ૦ ૬	

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.:	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	Unchion	3/4/03	
Signature of Officer		Date	
MICHAC	MARRILLANI		

Signature of Officer		.,	
MICHAE	MACCHIONI		
Print or Type Name	of Officer		

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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

STOP PIJ SM RI W INSTRUCTIONS

GORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corpora	tion ——————			•
106562	NORTHEAST	SPORTS TRAINING, INC.			
3. Street Address Principal Business (Office		City	State	Zip
25 Coronado Rd	•		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		n Khode Island			
Sports Trainin	g				
8. NAMES AND ADDRESS President Name	SES OF THE OFF	ICERS ("X" BOX FOR ATTACE	IMENT) FILL IN SPACE Vice President Nume	S BEFORE USING ATTAC	CHMENTS
Mark Stephenso	n		Michael Macci Street Address	hioni	
5 Poplar Ave.			, 35 Naples A	ve.	
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02886
Secretary Nume		· ·· ·· ·· ·· ·· ·· ·· ·· ·· · · · · ·	Treasurer Name	•	**** *
			Mark Stephe	nson	
Street Addiess			Street Address		•
			. 5 Poplar Av	e.	
City	State	XIp	City	State	ZIp
			: Warwick	RI	02889
9. NAMES AND ADDRESS Director Name	ES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	CES BEFORE USING ATTA	ACHMENTS
Mark Stephenso	n		Michael Mac	chioni	
5 Poplar Ave.			35 Naples A	ve.	
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02886
Director Name		- ******** ** * ******	Director Name		
Sticel Address			Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZED) (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	CX* BOX FOR ATTACHMENT	7
Number of Shares	Class/Serles	Par Volue	Number of Shares	Class/Serles .	Par Value
3,000 NO PAR VALUE			1		
epower two train tributes			3,000 NO PAR	VALUE	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



	3-8-02	
File Date:		
Check No.:	15660	
Ву:	Ze	
	OF STATE USE ONLY	
TOR SECRETARY	OF 2141E 02F 05F1	

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.

Indian statements contained nevern are to	3/6/02	
Signature of Officer	Date	-
Mark Stephenson		
Print or Type Name of Office		

President

45> 5

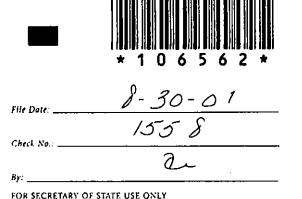
Filing Period: January 1-March 1 • Filing Fee: \$50.00

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2 Name of Corporation 106562 NORTHEAST SPORTS TRAINING, INC. 3. Street Address Principal Business Office 1 Darwick oronaula 5. State of Incorporation RHODE ISLAND acduby 8. NAMES AND ADDRESSES OF THE OFFICERS ("X"BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address City ZIp State Zip FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address ' City State ZIP Zie City State Director Name Director Name Street Address Street Address City State 210 City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares 1500 Number of Shares 1500 Car Volue 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



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. 7-11--61

Signature of Officer	Date	
MACK D STEPHENSON	<u> </u>	
Print or Type Name of Officer		
PRESIDENT		
Title of Officer		

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



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Corporate ID No. 10656	22. Name of Corporal	lion . ——— . —		· - · 	
05-050505542 Street Address Principal Busines	NorthE	ast Sports T	caining, Inc.	State	Zip
25 Coronado Business Phone No.	Road	5. State of Incorporatio	Warwick	RI	02886 6. SIC Code
(401) 739-1528 Rhode 7. Bilef Description of the Character of Business Conducted in Rhode Island		Rhode Isl n Rhode Island	and	•	8557
rovide sports. NAMES AND ADDRE.	specific s	trength &_cor CERS (*X* BOX FOR ATT	nditioning throu ACHMENT) : Vice President Name	ngh_education_	<u>& implementat</u>
Mark Stephenson			Michael Macchioni Street Address		
5 Poplar Ave	State	Zip	. 35 Naples A	Ve.	Zip
Warwick	RI	02889	Warwick	RI	02886
Non	e		Street Address		
ity	State	Zip	City	State .	Zip
NAMES AND ADDRE	SSES OF THE DIR	ECT ORS (*x² box för a	TTACHMENT) Director Name		
reet Addiess	None		· Street Add None	•	
шу	State	Zip	City	State	Zip is
liector Name		•	Director Name	•	A 25 TE
None treet Address			Street Address		が に が が が が り り
lity	State	Zip	City	State	S 74 10
O. SHARES AUTHORIZ UTHORIZED SHARES	EI) (*X* BOX FOR ATT	ACHMENT) -	11. SHARES ISSUED STARES	(*X* BOX FOR ATTACHMEN	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500	N/A		1,500	N/A .	N/A
		•			
	-	· 			surer, Receiver or Trus

File Date:	PAID	100			
Check No.:	SEP 2 1 2000	249723			
By:	SEC'Y OF STATE				
• ——	TARY 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.

Significate of Officer	9/12/00
Signature of Officer	Date
Mark Stephenson	9/12/00

Print or Type Name of Officer

President

Title of Officer