



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

100 South 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 OR PRINTED IN BLACK)

| | | | | | |
|--|--------------|---|---|--------------|---------------------|
| 1. Corporate ID No. 102373 | | 2. Name of Corporation Rhode Island Rock Gym, Inc. | | | |
| 3. Street Address Principal Business Office 100 Higginson Avenue | | City Lincoln | State RI | Zip 02865 | |
| 4. Business Phone No. 401-727-1704 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 8557 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island ROCK CLIMBING GYM. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Larry C Norin | | | Vice President Name Nadav Mishin | | |
| Street Address 190 Scott Road | | | Street Address 43 Auburn Street | | |
| City Cumberland | State RI | Zip 02864 | City Pawtucket | State RI | Zip 02860 |
| Secretary Name Nadav Mishin | | | Treasurer Name Larry Norin | | |
| Street Address 43 Auburn St | | | Street Address 190 Scott Road | | |
| City Pawtucket | State RI | Zip 02860 | City Cumberland | State RI | Zip 02864 |
| 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"/> | | | 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 |
| 100 NO PAR VALUE | | | None | | |
| | | | | | |

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



| | |
|---------------------------------|---------|
| File Date | 2-10-05 |
| Check No. | 4547 |
| By: | LB |
| 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: Nadav Mishin Date: 1-25-05
Print or Type Name of Officer: Nadav Mishin
Title of Officer: Vice-President



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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Corporations Division
100 North Main Street
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401.222.3040

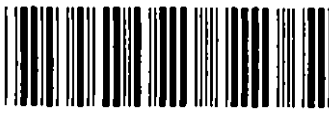
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|--------------|---|---|---------------------|--------------|
| 1. Corporate ID No 102373 | | 2. Name of Corporation Rhode Island Rock Gym, Inc. | | | |
| 3. Street Address Principal Business Office 100 Higginson Avenue | | City Lincoln | State RI | Zip 02865 | |
| 4. Business Phone No 401-727-1704 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 8557 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island ROCK CLIMBING GYM. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Larry C. Norin | | | Vice President Name Nadav Minhin | | |
| Street Address 190 Scott Rd | | | Street Address 43 Auburn Street | | |
| City Cumberland | State RI | Zip 02864 | City Pawtucket | State RI | Zip 02860 |
| Secretary Name Nadav Minhin | | | Treasurer Name Larry C. Norin | | |
| 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"/> | | | 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 |
| 100 NO PAR VALUE | | | None | | |

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



* 1 0 2 3 7 3 *

File Date 3/25/04
Check No. 4026
By: W.

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 1-29-04
Nadav Minhin - VP
Print or Type Name of Officer
Vice-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 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 102373 2. Name of Corporation Rhode Island Rock Gym, Inc.
3. Street Address Principal Business Office 100 Higginson Ave. City Lincoln State RI Zip 02865
4. Business Phone No. 401-727-1704 5. State of Incorporation RHODE ISLAND 6. SIC Code 8557

7. Brief Description of the Character of Business Conducted in Rhode Island
Indoor Rock Climbing and Retail

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

| | |
|--|---|
| President Name <u>Larry C. Norin</u> | Vice President Name <u>Nadav Minkin</u> |
| Street Address <u>190 Scott Road</u> | Street Address <u>43 Auburn St.</u> |
| City <u>Cumberland</u> State <u>RI</u> Zip <u>02864</u> | City <u>Pawtucket</u> State <u>RI</u> Zip <u>02860</u> |
| Secretary Name <u>Nadav Minkin</u> | Treasurer Name <u>Larry C. Norin</u> |
| Street Address <u>"Same as above"</u> | Street Address <u>"Same as above"</u> |
| 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 <u>None</u> | Director Name <u>None</u> |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Director Name <u>None</u> | Director Name <u>None</u> |
| 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
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 1 0 2 3 7 3 *

File Date: 2/19/03
Check No.: 2536
By: SM

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 Nadav Minkin Date 1-23-03
Print or Type Name of Officer
Vice - 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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

102373

2. Name of Corporation

Rhode Island Rock Gym, Inc.

3. Street Address Principal Business Office

210 Weeden Street

City

Pawtucket

State

RI

Zip

02860

4. Business Phone No.

401-727-1704

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8557

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

Rock wall climbing gym

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Lary C Norin

Street Address

50 Village Drive

City

Riverside

State

RI

Zip

02915

Vice President Name

Nadav Minkin

Street Address

43 Auburn Street

City

Pawtucket

State

RI

Zip

02860

Secretary Name

Lary C Norin

Street Address

50 Village Drive

City

Riverside

State

RI

Zip

02915

Treasurer Name

Nadav Minkin

Street Address

43 Auburn Street

City

Pawtucket

State

RI

Zip

02860

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

100

Common

No Par

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



* 1 0 2 3 7 3 *

File Date: 2-7-02

Check No.: 2063

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.

Lary C. Norin 2-5-02
Signature of Officer Date

Lary C. Norin
Print or Type Name of Officer

President
Title of Officer



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. 102373 | | 2. Name of Corporation Rhode Island Rock Gym, Inc. | |
| 3. Street Address Principal Business Office 210 Weeden Street | | City Pawtucket | State R.I. |
| 4. Business Phone No. 401-727-1704 | | 5. State of Incorporation RHODE ISLAND | |
| 6. SIC Code 8557 | | | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island Indoor Rock Climbing | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name Lary C. Norin | | Vice President Name Nadav Minkin | |
| Street Address 20 Village Drive | | Street Address 43 Auburn Street | |
| City Riverdale | State R.I. | City Pawtucket | State R.I. |
| Zip 02915 | | Zip 02860 | |
| Secretary Name same as above | | Treasurer Name same as above | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| Director Name same as above | | Director Name same as above | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Director Name none | | Director Name none | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) | | | |
| AUTHORIZED SHARES | | | |
| Number of Shares | Class/Series | Par Value | |
| 100 NO PAR VALUE | | | |
| 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) | | | |
| ISSUED SHARES | | | |
| Number of Shares | Class/Series | Par Value | |
| none | none | none | |

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



★ 1 0 2 3 7 3 ★

File Date: 3-12-01

Check No.: 1636

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: [Signature] Date: 3-1-01

Print or Type Name of Officer: Nadav Minkin

Title of Officer: Vice-President



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
401-222-3040



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. **102373** 2. Name of Corporation **Rhode Island Rock Gym, Inc.**

3. Street Address Principal Business Office

210 Weeden Street

City

Pawtucket

State

RI

Zip

02860

4. Business Phone No.

401 727 1704

5. State of Incorporation
RHODE ISLAND

6. SIC Code
8557

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

Indoor Rock Climbing Gym

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Lary C. Norin

Street Address

154 Pidge Ave.

City

Pawtucket

State

RI

Zip

02860

Secretary Name

Lary C. Norin

Street Address

154 Pidge Ave

City

Pawtucket

State

RI

Zip

02860

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Lary C. Norin

Street Address

210 Weeden Street

City

Pawtucket

State

RI

Zip

02860

Director Name

- "None" -

Street Address

City

State

Zip

Vice President Name

Nadav Minkin

Street Address

144 Pidge Avenue

City

Pawtucket

State

R.I.

Zip

02860

Treasurer Name

Nadav Minkin

Street Address

144 Pidge Ave

City

Pawtucket

State

RI

Zip

02860

Director Name

Nadav Minkin

Street Address

210 Weeden Street

City

Pawtucket

State

R.I.

Zip

02860

Director Name

- "None" -

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

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

ISSUED SHARES

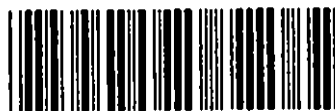
Number of Shares

Class/Series

Par Value

"None"

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



* 1 0 2 3 7 3 *

File Date: **2-16-00**

Check No.: **1508**

By: **AMF**

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.

Lary C. Norin 2-1-00
Signature of Officer Date

Lary C. Norin
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
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

| | | | |
|---|--------------------|--|--------------------|
| 1. Corporate ID No. 102373 | | 2. Name of Corporation Rhode Island Rock Gym, Inc. | |
| 3. Street Address Principal Business Office 210 Weeden St. | | City Pawtucket | State RI |
| 4. Business Phone No. 401 727 1704 | | 5. State of Incorporation RHODE ISLAND | |
| 6. SIC Code 8557 | | Zip 02860 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island Indoor Rock Climbing Gym | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name Lary C. Norin | | Vice President Name Nadav Minkin | |
| Street Address 40 Carver St. #5 | | Street Address 144 Pidge Ave Apt #2 | |
| City Pawtucket | State RI | City Pawtucket | State RI |
| Zip 02860 | | Zip 02860 | |
| Secretary Name Lary C. Norin | | Treasurer Name Nadav Minkin | |
| Street Address 40 Carver St. #5 | | Street Address 144 Pidge Ave Apt #2 | |
| City Pawtucket | State RI | City Pawtucket | State RI |
| Zip 02860 | | Zip 02860 | |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| Director Name None | | Director Name None | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Director Name None | | Director Name None | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) | | | |
| AUTHORIZED SHARES | | | |
| Number of Shares | Class/Series | Par Value | |
| 100 NO PAR VALUE | | | |
| 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) | | | |
| ISSUED SHARES | | | |
| Number of Shares | Class/Series | Par Value | |
| None | | | |

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



* 1 0 2 3 7 3 *

File Date: May 16, 1999

Check No.: 1161

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.

Lary C. Norin 3-1-99
Signature of Officer Date

Lary C. Norin
Print or Type Name of Officer

President
Title of Officer