

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

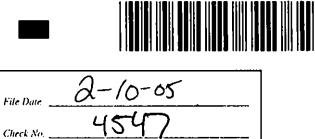
Matthew A. Brown, Secretary of State

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2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January (FORM MUST IN TYPED O		ig Fee: \$50.00				
1. Corporate ID No. 102373	2. Name of Corporation Rhode Island R					
1. Sinvi Address Principal Ha	~ ^		Lincoln	State LI	²⁴⁷ 02865	
4 Business Phone No 1 7	1-1704	5. State of Incorporation RHODE ISLAND			6 SIC Gode 8557	
7 Brief Description of the Che ROCK CLIMIBING	macter of Business Conducted in GYM.	Rhode Island				
B. NAMES AND ADDR President Name LAYM	ESSES OF THE OFFICER	S: ("X" BOX FOR ATI	Vice President Name	SPACES BEFORE USIN	RG ATTACHMENTS	
Street Address 190	Scott Road		Street Address 43 And	urn Stree-	ł	
con Cumberlan	State	02864	"Ruthetet	State UI	×10 02860	
Naclar Name	Minhin		Treasurer Name Lavy N	ovin		
Sinvi Address 43 Ant	inin St		Street Address 190			
" Pawfachet	State RT	201860	con Cumber land	State NI	02864	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name A Living A		Director Name				
Street Address			Sirvet Address			
City	State	Zip ,	Cuy	State	Zip	
Director Name	 L_		Director Name	······································		
Street Address		1	Street Address			
Giệr	State	ZIP	City	State	Zψ	
10. SHARES AUTHOR AUTHORIZED SHARES	 IZED <i>("X" BOX FOR AT</i>	TACHMENT)	11. SHARES ISSUED (("X" BOX FOR ATTAC	HMENT)	
Number of Shares	Glass/Series	Par Value	Number of Shares	Class/Series	Par Value	
100 NO PAR VALUE	,		Pone			
This report mu	ist be signed in ink by cit	her the President, Vice	President, Secretary, Assista	ant Secretary, Treasure	, Receiver or Trustee	
			Under penalty of pe	rium: I declare and affirm	that I have examined this re	



FOR SECRETARY OF STATE USE ONLY

including any accompanying schedules and statements, and that all statements contained herein are true and gorrect. Print or Type Name of Officer

Form 630 Rev. 12/03



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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004
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Filing Period: January 1 - March 1 Filing Fee: \$50,00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2 Name of Corporation 102373 Rhode Island Rock Gym, Inc 3 Street Address Principal Business Office RI 02865 Lincoln 100 Higginson 6. SIC, Gode 5. State of Incorporation 401-727-1704 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) TILL IN SPACES BEFORE USING ATTACHMENTS Street Address Z.17 State Zip t in City State FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name one Street Address Sinci Address Gin Ζip State State Ζij City Director Name Street Address Street Address City State 7.Ip City Zψ State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("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 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. File Date FOR SECRETARY OF STATE USE ONLY Form 630 Rev. 12/03

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

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PH ASI INSTRU	HOSS

	•	•			
(FORM MUST BE TYPED OR PRI					
1. Corporate ID No.	2. Name of Corporati				
102373		Rock Gym, Inc.			
3. Street Address Principal Busine	. ''		Lincoln	State b T	2ip 02865
100 Higg	inson Ave.		211/2011/	7-	V - V - V - V - V - V - V - V - V - V -
4. Business Phone No.	A ti	5. State of Incorporation			6. SIC Code
401-727-17		RHODE ISLAND)		8557
2. Bulef Description of the Charac	ock Clinki		rail		
8. NAMES AND ADDRE	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTAC		EFORE USING ATTAC	CHMENTS
President Name	M		Vice President Name	Aa + . t. +.	
	Norin		. Nadau	Minkin	
Street Address 190 8 Co	off Road		Street Address 43 Av	burn St.	
cur Cumberland	Stole RI	zip 02864	city Pawty cket	State RI	0 1880
Secretary Name		•	Treasurer Name	•	
Succe Address day M	liahia		Lary C.	Noria	
"Same as	c about		" Same as	a have"	
City	State	Zip	City	State	Ζίρ
9. NAMES AND ADDRED Director Name None. Street Address		CTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES Director Name Sticet Address	BEFORE USING ATT	ACHMENTS
City	State	Zip	City	State	Zip
Director Name			Director Name		
Nine			None		
Street Address			Street Address		
City	State	Zip	Chy	State	Zip
10. SHARES AUTHORIZ	LED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMEN	r)
Number of Shores	Class/Scries	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

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	* 1 0 2 3 7 3 *
File Date:	2/19/03
Check No.:	2536
By:FOR SECRETARY O	F STATE USE ONLY

Under penalty of perjury, I declare and affi	rm that I have examined
this report, including any accompanying so	chedules and statements, and
that all statements contained herein are tru	ue and correct.
n Cil.	(- <u>1.3</u> -03
Signature of Officer	Date
Nadar Minkin	
Print of Type Name of Officer	
Vice - President	
Title of Officer	5 (20 13/03

Form 630 12/02

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ INSTRUCTIONS

GORM MUST BE TYPED IN BLACK					
1. Corporate ID No. 102373	2. Name of Corporation Rhode Island Re	ack Gum. Inc			
3. Street Address Principal Business Of		ock Gym, mc.	City	State	Zip
210 Weeden Stree	•	5. State of Incorporation	Puwłucket	RI	02860 6. SIC Code
401-727-1704		RHODE ISLAND			8557
7. Brief Description of the Character of		ode Island			
ROCK WALL CLIMBIA 8. NAMES AND ADDRESSI President Name	g gym S of the office	RS (*x* BOX FOR ATTACI	IMENT) FILL IN SPACES BE	EFORE USING ATTACHN	tents
Lary C Norin			Naday Minkin		
30 Village Drive			43 Auburn Stree	et	
	State	Zip	City	State RI	21p U2860
Riverside Secretary Name	RI	02915	Pawtucket Deasurer Name	N.L	02860
Lary C Norin			Naday MINKIN Sucer Address	ı	
30 Village Drive			43 Auburn Stree		
Riverside	State L ² I	02915	. Pawtucke t	State RI	2ip 02860
9. NAMES AND ADDRESSI Director Name	S OF THE DIRECT	ORS (*x* box for atta	CHMENT) FILL IN SPACES : Director Name	BEFORE USING ATTAC	HMENTS
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 AUTHORIZED SHARES	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*x* ISSUE) SHARES	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	Common	Nú Par

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



File Date:	2.7-02	
	2063	
Check No.:	<u>a</u>	_
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.

that all statements co	intalned herein ar	e true and correct.
Lan (.	Noni	7 .5.02
Signature of Officer		Date
	1 Cu (Macial

rint or Type Name of Officer

Plesido +

Tale of Officer

Form 630 12/01

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)

L Corporate ID No.

Business Phone No.

2. Name of Corporation

102373

Rhode Island Rock Gym, Inc.

3.	Street	Address	Principal	Business	Office

State

210 Weeden Street

Pawtucket 5. State of Incorporation

R.I.

02860

RHODE ISLAND

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

401-727-1704

Indoor Rock Climbing

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

President Name

Lary C. Norin

Street Address

20 Village Drive

City

State

Nadav Minkin

Street Address

Treasurer Name

Street Address

Vice President Name

43 Auburn Street

Zip

Riverdale

02915

Pawtucket

R.I.

02860

Secretary Name

same as above

Street Address

City

210

City

City

same as above

State

Zip

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

Director Name

same as above

Street Address

City

Director Name

none

100 NO PAR VALUE

Street Address

Chy

State

State

Zip

none

Sticet Address

Olrector Name

Street Address

City

City

State

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

same as above

ESSUITO SHARES

Number of Shares

Closs/Series

Par Volue

none

none

none

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



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.

Title of Officer

Form 630 12/00



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 MI	JST RE	TYPED	IN	RLACK)
1. Corporal	165	373		

2 Name of Corporation Rhode Island Rock Gym, Inc.

3. Street Address Principal Business 210 W 4. Business Phone No. 401 72	eeden St	Cee+ S. State of Incorporation RHODE ISLAND	Pawtucket	- State RI	02860 6.8155910
8. NAMES AND ADDRES	ock Clim ises of the office	Ding GYM CERS (+X BOX FOR ATTACHN	Vice President Name A A	BEFORE USING ATTA	CHMENTS
Street Address	NOTIN L AVE.	Ζ(ρ	Street Address	e Avenve	21p \\ \n 2 \color \col
Street Address	Norin	02860	Pawlucket Treasurer Name Nodav M Sircer placess	•	02860
Dawtucket	ge Ave RI	CTORS (TXT BOX FOR ATTAC	CHY PACE FANTY KLLIN SPACE	State AVE State LI SERVED AT	ZIP D.Z 8P0
Lary C.	Norin Len Stre		Director Napre day	Minkin Eden Stre	
City Pawtucket Director Name	ien Jire Ri	DZ860	Pawtychet	State R. I.	02860
Street Address Nove	State	7.ip	Sucei Address	State	Zip
10. SHARES AUTHORIZE	ED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*	'X" BOX FOR ATTACHME	VT)
Number of Shares 100 NO PAR VALUE	Class/Seiles	Por Value	Number of Shares None	Class/Series	Par Value

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



File Date:	2-16-00	
Check No.:	1508	
Ru-	AMF	

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Officer JOFIN Presiden Title of Officer

Under penalty of perjury, I declare and affirm that I have examined



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

999

GEORM MUST BE TYPED IN BI.	ACK)				
L. Corporate ID No. 1 102373	2. Name of Corpor Rhode Isl a	ind Rock Gym, Inc.	-		· — - · · ·
3. Street Address Principal Busines 210 We 4. Business Phane No. 11-1	eden	S. State of Incorporati	Pawtuck	cet R1	7.1p 02860 6. SIC Cade
401 . 7. Brief Description of the Charact	727170	•	AND		8557
Indoor	Rock	climbing G	rym		
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS (*X* BOX FOR AT	Vice President Name	ES BEFORE USING ATTA	·
Lary	C. Norin)	•	vadau Mint	
Street Address 40 Caru	er st.	r 5-	Street Address 144	1 Pidge A.	12 ApT #2
Pawtucket	State R.	02860	Pawtuket	State	02860
	. Norin		Treusurer Name Nad	av Mink	<u>\</u>
Street Address 3	r st.		Street Address	idae Ave	Ast #2
Partnetat	t RI	02860	Pantado	et State RI	02860
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS (*X* BOX FOR A	ATTACHMENT) FILL IN SPA	ACES BEFORE USING AT	TACHMENTS
, Street Address	e		Street Address	Jone	
City	State	Zip	City	State	Zip
Director Same		•	Director Name		***************************************
Street Address Non	e		Street Address	Vone	
City	State	Zip -	City:	State	Zip
10. SHARES AUTHORIZED SHARES	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUE	D ("X" BOX FOR ATTACHME!	
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALU	E		None		
1			1		
t This report must be sign	ned in ink by eit	- her the President. Via	— : — — ce President, Secretary. A	Assistant Secretary, Trea	surer, Receiver or Trustee
-					.,
(0 0	 				

* 1 0 2 3 7 3 * Under penalty of perjury, I declare and affirm that I have examined

Title of Officer

	* 1 0 2 3 7 3 *
File Date:	May 16,99
Check No.:	1/61
н _у	0
TOP SUCHETARY	OF CLATE LICE ONLY

this report, includin	ig any accompanying schedule	s and statements, and
that all statements o	contained herein are true and o	correct.
Lann	C. Noin	3-1.90
Signature of Officer		late
Lary	C. NoriN	· · · · · · · · · · · · · · · · · · ·