



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 82178		2. Name of Corporation Solutions, Inc.			
3. Street Address Principal Business Office 15 Quoyvonsset Lane			City Little Compton	State RI	Zip 02837
4. Business Phone No 401-635-4462		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286	
7. For the purpose of this report, the Corporation is located in Rhode Island TO PROMOTE AND TEACH FITNESS TO INDIVIDUALS AND GROUPS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Elizabeth P. Phinney			Vice President Name Same		
Street Address 15 Quoyvonsset Lane			Street Address		
City Little Compton	State RI	Zip 02837	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 Elizabeth P. Phinney			Director Name None		
Street Address 15 Quoyvonsset Lane			Street Address		
City Little Compton	State RI	Zip 02837	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"/>		
A. 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



FILED

File Date: MAR 14 2005

Check No: _____

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: Elizabeth P. Phinney Date: 3-14-05

Print or Type Name of Officer: Elizabeth P. Phinney

Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 82178		2. Name of Corporation Solutions, Inc.			
3. Street Address Principal Business Office 15 Quoyvanset Lane			City Little Compton	State RI	Zip 02837
4. Business Phone No. 401-635-4162		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROMOTE AND TEACH FITNESS TO INDIVIDUALS AND GROUPS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bonnie Phinney Hull			Vice President Name None		
Street Address 15 Quoyvanset Lane			Street Address		
City Little Compton	State RI	Zip 02837	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 Bonnie Phinney Hull			Director Name None		
Street Address 15 Quoyvanset Lane			Street Address		
City Little Compton	State RI	Zip 02837	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



* 8 2 1 7 8 *

File Date 3/12/04
Check No. 1516
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.
Bonnie Phinney Hull 3-9-04
Signature of Officer Date
BONNIE PHINNEY HULL
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 OR PRINTED IN BLACK)

1. Corporate ID No. 82178 2. Name of Corporation Solutions, Inc.
3. Street Address Principal Business Office 15 Quoyonset Lane City Little Compton State RI Zip 02837
4. Business Phone No. 401-635-4462 5. State of Incorporation RHODE ISLAND 6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island Personal Training and fitness training

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

President Name <u>Bonnie Hall</u>	Vice President Name <u>same</u>
Street Address <u>15 Quoyonset Lane</u>	Street Address
City <u>Little Compton</u> State <u>RI</u> Zip <u>02837</u>	City State Zip
Secretary Name <u>same</u>	Treasurer Name <u>same</u>
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 <u>Bonnie Hall</u>	Director Name <u>none</u>
Street Address <u>15 Quoyonset Lane</u>	Street Address
City <u>Little Compton</u> State <u>RI</u> Zip <u>02837</u>	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	Class/Series	Par Value
<u>100 NO PAR VALUE</u>		

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

ISSUED SHARES	Class/Series	Par Value
<u>none</u>		

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



* 8 2 1 7 8 *

File Date: 2/7/03
Check No.: 1399
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.

Bonnie Hall 2-6-03
Signature of Officer Date
BONNIE HALL
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **82178** 2. Name of Corporation **Solutions, Inc.**
3. Street Address Principal Business Office **15 Quovonset Lane** City **Little Compton** State **RI** Zip **02837**
4. Business Phone No. **401-635-4462** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island
Personal training and health fitness training

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

President Name Bonnie Hall	Vice President Name same
Street Address 15 Quovonset Lane	Street Address
City Little Compton State RI Zip 02837	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) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Bonnie Hall	Director Name none
Street Address 15 Quovonset Lane	Street Address
City Little Compton State RI Zip 02837	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)

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



File Date: 3-4-02
1301
Check No.: _____
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.
Bonnie Hall 2-28-02
Signature of Officer Date
BONNIE HALL
Print or Type Name of Officer
PRESIDENT
Title of Officer



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: 82178 2. Name of Corporation: Solutions, Inc.
 3. Street Address Principal Business Office: 15 Quogonset Lane City: Little Compton State: RI Zip: 02837-1110
 4. Business Phone No.: 401-635-4462 5. State of Incorporation: RI 6. SIC Code: 7286

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

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

President Name <u>Bonnie Hall (formerly Elizabeth Phinney)</u> Street Address <u>15 Quogonset Lane</u> City <u>Little Compton</u> State <u>RI</u> Zip <u>02837-1110</u>	Vice President Name <u>Bonnie Hall</u> Street Address <u>same</u> City <u>same</u> State <u>RI</u> Zip <u>02837-1110</u>
Secretary Name <u>Bonnie Hall</u> Street Address <u>same</u> City <u>same</u> State <u>RI</u> Zip <u>02837-1110</u>	Treasurer Name <u>Bonnie Hall</u> Street Address <u>same</u> City <u>same</u> State <u>RI</u> Zip <u>02837-1110</u>

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

Director Name <u>Bonnie Hall</u> Street Address <u>same</u> City <u>same</u> State <u>RI</u> Zip <u>02837-1110</u>	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	Class/Series	Par Value
<u>100</u>	<u>No Par Value</u>	

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

ISSUED SHARES	Class/Series	Par Value
<u>None</u>		

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

FILED

File Date: JAN 10 2001
 Check No. By: W
 For SECRETARY OF STATE USE ONLY

RECEIVED
 SECRETARY OF STATE
 10. JAN 10 4 07 PM '01

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: Bonnie Hall Date: 1-10-01
 Print or Type Name of Officer: Bonnie Hall
 Title of Officer: President



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. **82178** 2. Name of Corporation **Solutions, Inc.**
3. Street Address Principal Business Office **15 Quogonset Lane** City **Little Compton** State **RI** Zip **02837-1110**
4. Business Phone No. **401-635-4170** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island
Sales and Marketing Consulting

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

President Name Elizabeth P. Phinney Street Address 15 Quogonset Lane City Little Compton State RI Zip 02837-1110	Vice President Name Elizabeth P. Phinney Street Address Same City Same State RI Zip 02837-1110
Secretary Name Elizabeth P. Phinney Street Address Same City Same State RI Zip 02837-1110	Treasurer Name Elizabeth P. Phinney Street Address Same City Same State RI Zip 02837-1110

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

Director Name Elizabeth P. Phinney Street Address Same City Same State RI Zip 02837-1110	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	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



* 8 2 1 7 8 *

File Date: 1/12/00
Check No.: 946
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.

Elizabeth P. Phinney 1-3-00
Signature of Officer Date

Elizabeth P. Phinney
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82178 2. Name of Corporation Solutions, Inc.

3. Street Address Principal Business Office 111 Pottersville Rd City Little Compton State RI Zip 02837

4. Business Phone No. 401-635-4170 5. State of Incorporation RI 6. SIC Code 7286

7. Brief Description of the Character of Business Conducted in Rhode Island
Sales and marketing Consulting

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name Elizabeth P. Phinney
Street Address 111 Pottersville Rd.
City Little Compton State RI Zip 02837

Vice President Name same
Street Address
City State Zip

Secretary Name same
Street Address
City State Zip

Treasurer Name same
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name Elizabeth P. Phinney
Street Address same
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 Class/Series Par Value
100 No par value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
0

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: PAID 140932

Elizabeth P. Phinney 7-22-99
Signature of Officer Date

Check No.: JUL 27 1999

Elizabeth P. Phinney
Print or Type Name of Officer

By: SECY OF STATE

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82178** 2. Name of Corporation **Solutions, Inc.**
3. Street Address Principal Business Office **111 Pottersville Rd.** City **Little Compton** State **RI** Zip **02837**
4. Business Phone No. **401-635-4170** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7288**

7. Brief Description of the Character of Business Conducted in Rhode Island
Sales and Marketing Consulting

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

President Name Elizabeth P. Phinney	Vice President Name same
Street Address 111 Pottersville Rd.	Street Address
City Little Compton State RI Zip 02837	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)

Director Name Elizabeth P. Phinney	Director Name
Street Address SAME	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)

Number of Shares	Class/Series	Par Value
100		No par value

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

Number of Shares	Class/Series	Par Value
10		0

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



* 8 2 1 7 8 *

File Date: **1-21-98**
Check No.: **563**
By: **UP**

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: **Elizabeth P. Phinney** Date: **1-20-98**
Print or Type Name of Officer: **Elizabeth P. Phinney**
Title of Officer: **President**



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82178** 2. Name of Corporation **Solutions, Inc.**

3. Street Address Principal Business Office **111 POTTERSVILLE ROAD** City **LITTLE COMPTON** State **RI** Zip **02837**
4. Business Phone No. **401-635-4171** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island
SALES AND MARKETING CONSULTANT

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

President Name ELIZABETH P. PHINNEY Street Address 111 POTTERSVILLE ROAD City LITTLE COMPTON State RI Zip 02837	Vice President Name SAME Street Address SAME City _____ State _____ Zip _____
Secretary Name SAME Street Address SAME City _____ State _____ Zip _____	Treasurer Name SAME Street Address SAME City _____ State _____ Zip _____

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

Director Name ELIZABETH P. PHINNEY Street Address SAME City _____ State _____ Zip _____	Director Name SAME Street Address SAME City _____ State _____ Zip _____
Director Name SAME Street Address SAME City _____ State _____ Zip _____	Director Name SAME Street Address SAME City _____ State _____ Zip _____

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS	8-150.00 PAR VAL	Amended 9/96	10	---	0
100 SHARES	NONE				

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



File Date: 6/13/97
Check No.: 530
By: ICB

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.

Elizabeth P. Phinney 6-2-97
Signature of Officer Date
ELIZABETH P. PHINNEY
Print or Type Name of Officer
PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 82178		2. NAME OF CORPORATION Solutions, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 35 East View Drive		CITY Little Compton	STATE RI
4. BUSINESS PHONE NO. 401-635-2331		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 02837

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Household management and service referral for senior citizens

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Elizabeth P. Phinney			VICE PRESIDENT NAME same		
STREET ADDRESS 35 East View Drive			STREET ADDRESS		
CITY Little Compton	STATE RI	ZIP CODE 02837	CITY	STATE	ZIP CODE
SECRETARY NAME same			TREASURER NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Elizabeth P. Phinney			DIRECTOR NAME same		
STREET ADDRESS same			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS	&150.00 PAR VAL				

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: 1/1/96
Check No: 374
By: [Signature]

[Signature]
Signature of Officer

ELIZABETH P. PHINNEY
Print or Type Name of Officer

PRESIDENT
Title of Officer

12-19-95
Date