

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

88982	2 Name of Corporation XB Coaching,				
Street Address Principal Busin 215 Sew	morning eadon	Dr	Dortsmo	ith vale RI	0287
Business Phone No. 401 - 682 -	2859	5 State of Incorporation RHODE ISLANI	n		6 MC Gode 5710
Brief Des. ription of the Chare TO ENGAGE IN THE	ter of Business Conducted in				
. NAMES AND ADDRESS Section Name Kathi Graha	,	·	TACHMENT) FILL IN Vuc Presulera Name None	N SPACES BEFORE USING	ATTACHMENTS
Bathi Graha 215 Sea Ho	eadow Dr		Sivert Address		
Portsmout &	State R1	D2871	Cin	State	Ζψ
Kathi Grahe	in Wiss		Treasurer Name Kathi Gra	ham Leviss	·
Same as	above		Same a	s above	
line.	Sau	Zφ	City	State	$Z\psi$
. NAMES AND ADDRESS Director Name treet Address	SES OF THE DIRECTO	DRS: ("X" BOX FOR A	Director Name Street Address	IN SPACES BEFORE USIN	NG ATTACHMENTS
ay .	State	Zip	City	State	Zip
ure; ter Name	J		Director Name		
trset Address			Street Address		
iu)	State	Zıp	Cit)	Siete	Zip
O. SHARES AUTHORIZE	ED ("X" BOX FOR AT	 TACHMENT) []	11. SHARES ISSUED	("X" BOX FOR ATTACH	 MENT) []
amber of Shares	Class/Series	Pro Value	Number of Shares	Class/Sories	Par Value
1,000 NO PAR VALUE	Common	no par	100	Common	no par

File Date	1/12/05 3910	
Check No.	3910	
Ву:	<u> </u>	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I			
including any accompanying schedules and statement	nts, and	l that al	1 statements
contained herein are true and correct			J
-KO () () ()	j	17	05
Signature of Office	- 1	Dat	
Katherine E Grah	4~	<u> </u>	
Print in Type Name of Officer			
Dogwort			
Title of Officer			
1	Form	630 Re	v. 12/03



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

Matthew A. Brown, secretary of State

Conformations Division 199 North Main Street Providence, BI 02903-1335 401-222-3040

Form 630 Rev. 12/03

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. 2 Name of Comporate at 88982 XB Coaching, inc 3. So cet Address Principal Business Offic RHODE ISLAND of Business Conducted in Rhode Island 10 Dex THE IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name Street Address Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address State State City 70 One Director Name Director Name street Address Street Address Cin State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [] AUTHORIZED SHARES ISSUED SHARES Number of shares Gass Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 100 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of pergrey, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements contained herein are true find correct. File Date attive of Office Print & Type Name of Offic FOR SECRETARY OF STATE USE ONLY

2. Name of Corporation

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-212-1030

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

401-222-3040

88982 XB Coaching, Inc. 3. Street Address Principal Business Office **RHODE ISLAND** 5740 72860 7. Brief Description of the Character of Business Conducted in Rhode Island ionsulting 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Katherine Graham Leviss Street Address iea Meadow Drive State Zip Graham-Leviss Street Address Meadow Drive City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS City City State Zip Director Name Director Name City State City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Class/Series Par Value 1,000 NO PAR VALUE

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

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ile Date: \iint	19/03
Check No.+	3278
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OR SECRETARY OF STA	TE USE ONEY "

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, an
1	that all statements contained herein are true and correct.
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	Signalure of Officer Dute
	Kutherine (raham Leviss
	Frint or Type Name of Officer
	President
•	little of Officer

Form 639 12:02

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 PLEASE READ INSTRUCTIONS

FORM MUST BE LYPED IN BEA	ACK)				
I. Corporate ID No.	2 Name of Corporation	on			
88982	XB Coaching	, Inc.			
701-682 -	~ Me 2859	S. State of Incorporation RHODE ISLAND Rhode Island	Po-temo	oth RI	21p 0287/ 6. SIC Code 5710
7 Brief Description of the Characte	stive (oaching	+ 1 ro.wi	29	
B. NAMES AND ADDRES	SES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	(MENT) FILL IN SPACE	CES_BEFORE USING ATTACH	MENTS
President Name	t		Vice President Name		
Street Address	ronam *	Leviss	Street Address	None	
President Name Address 215 Sea Taty Doctson to to societary Name Same	State PLI	02-871	Gity	State	Zip
ecritary Name	10-2	- 20 11	Treasurer Name		
Same	as aloo	\mathcal{O}	Street Address	Graham -	Leviss
Driv	State	Zip	Cify	State	Zip
9. NAMES AND ADDRES	SES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SP. Director Name	ACES BEFORE USING ATTAC	HMENTS
	.رو م			Vorie	
Itreet Address	.50		Street Address	0 0/0	
My	State	Zip	City	State	Zip
Director Name			Director Name		
trect Address			Street Address		
lity	State	Zip	City	State	Zip
O. SHARES AUTHORIZE	D ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUE	D ("X" BOX FOR ATTACHMENT)	
iumher of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Volue
1,000 NO PAR VALUE	Common	No por	100	Corras	No Par
					1

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



File Date:	1-41-02
Check No.:	1196
Ву	<u> </u>
TOR 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.
Kathern C Gaham - Lem 12/29/01
If int or Tope Name of Officer
Title of Officer

v.... 720 15001

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

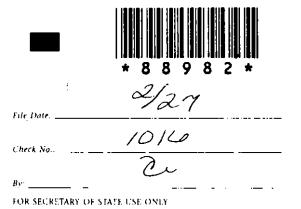
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

	7 1111 2 2 2 1 1
(FORM MUST BE TYPED IN BLACK)	

. Corporate ID No.	2. Name of Corp		12/12/2000 VD	Coaching Inc	
88982	XB, Inc	. effective	≥ 12/13/2000, XB (Loaching, inc.	•
Street Address Principal Business. 215 Sea Meac			Oby Portsmouth	State R I	02871
Business Phone No.		5 State of Incorpor	ation		6. SIC Code
401/682-2859	9	RHODE IS	LAND		x547x1x9 7286
Brief Description of the Character Consulting	of Business Conduct	ed in Rhode Island			
. NAMES; AND ADDRES:	SES OF THE O	FFICERS ("X" BOX FOR A		BEFORE USING ATTACI	HMENTS
resident Name Katherine Gi	caham Lov	ice	Vice President Name None		
icet Address	. anam bev	133	Street Address		
215 Sea Mead	dow Drive		MILET PARTICIPA		
Portsmouth	State RI	^{Zip} 02871	City 1	State	Zip
cretary Name			Treasurer Name		•
Cathy Slocur	n		Katherine G	raham Leviss	
23 Brooks Av	venue		Street Address 215 Sea Meac	dow Drive	
Newport	State RI	^{Zip} 0284	40 Portsmouth	State RI	^{Zip} 02871
. NAMES AND ADDRESS	SES OF THE D	RECTORS (TXT BOX FOR	R ATTACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
trector Name			Director Name		·
None			None		
treet Address			Street Address		
itv	State	Zip	City	: State	Zip
niector Name None			Director Name None		
treet Address			Street Address		
ity	State	Zip	City	State	Ζ·φ
O. SHARES AUTHORIZE	O ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTACHMENT)
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	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.

Kātherine Graham Leviss

First or Type Name of Officer

president

Title of Officer

(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State 100 North Main Street, Providence, RI 02903-1335

Corporations Division 401-222-3040

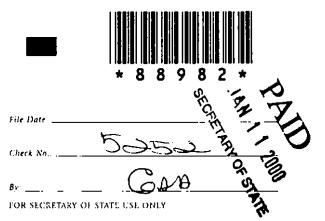
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



1 Corporate ID No. 88982	2 Name of Corporat	ion			
3 Street Address Principal Business	Office		City	State	Zip
215 Sea Meado 4. Business Phone No. (401) 682-285		5 State of Incorporate RHODE ISL		RI	02871 6. SIC Code 5710
7. Brief Description of the Characte	er of Business Conducted in	Rhode Island			
Develop Real	Estate				
8. NAMES AND ADDRES President Name	SSES OF THE OFFI	CERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTA	CHMENTS
Katherine Gra	aham Leviss		None		
Street Address			Street Address		
215 Sea Meado	ow Drive				
City	State	Ζιρ	City	State	Zip
Portsmouth	RI	02871			
Secretary Name			Treasurer Name		
Same			Same		
Street Address			Street Address		
Gity	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS ("X" BOX FOR		S BEFORE USING ATI	TACHMENTS
Director Name			Director Name		
None Street Address			None Street Address		
Street Address			Stiffi Maniess		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	ED ("x" BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED (*	X* BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Senes	Par Vulue	Number of Shares	Class/Series	Par Value

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

COMMON NO PAR



1,000 SHS NO PAR VALUE

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.

COMMON

NO PAR

<u>(atherine Graham Levis</u>s Print or Type Name of Officer

President

Title of Officer

100



fames R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-277-3040

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FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corporat	ion			
88982 3. Street Address Principal Business (XB, II	nc.	City	State	Zip
215 Sea Meado			Portsmouth	n RI 028	
4. Business Phone No.	" DIIVC	5. State of Incorporation		• • • • • • • • • • • • • • • • • • • •	6. SIC Code
401/682-2859		•	ISLAND		5710
7. Brief Description of the Character Develop Real					
8. NAMES AND ADDRESS	SES OF THE OFFI	CERS ("X" BOX FOR ATTA	ACHMENT)		
President Name			Vice President Name		
Katherine Gra	ham Leviss		None		
Street Address			Street Address		
215 Sea Meado	w Drive				
Gity	State	Zıp	City	State	Zip
Portsmouth	RI	02871	•		
Secretary Name Same			Treasurer Name Same		·
Street Address			Street Address		
City	State	Zìp	City	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIRE	CTORS ("X" BOX FOR A			
Director Name			Director Name		
None			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 AUTHORIZEI	D ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	,
AUTHORIZED SHARES			ESCED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO P	AR VALUE	COMMON NO	PAR 100	COMMON	NO PAR
1,000 SHS NO P	AR VALUE	COMMON NO	PAR 100	COMMON	NO PA

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

File Date:	Mar 8,99
Check No	4723
By:	A C
· —	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 hereingare true and correct.

2/25/99 Date Sknature of Officer

Katherine Graham Leviss

Fight 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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

88982

XB, Inc.

3. Street Address Principal Business Office . .

Clly Newport, State RI

22 Dixon Street 4. Business Phone No.

5. State of Incorporation

02840 6. SIC Code

(401/489-5229)

RHODE ISLAND

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

President Nume

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name

Katherine Graham

None Street Address

Street Address

22 Dixon Street

City Newport,

RI

02840

State

State

Zip

Secretary Name

Cathy Slocum

Street Address

Treasurer Name

Katherine Graham

Street Address

55 Memorial Blvd.

22 Dixon Street City

Newport,

RI

02840

Newport,

RΙ

02840

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

Director Name

Director Name

None Street Address

None Street Address

City

City

State

Zip

Director Name

City

Director Name

None

None Street Address

State

State

Street Address

City

State

210

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

Zip

ISSUED SHARES Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

COMMON

NO PAR

100

COMMON

NO PAR

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



File Date:

Check No .:

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 Ne coptained herein are true and obrrec

Katherine Graham 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 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PTEASE READ

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate 1D No 88982 XB, Inc. 3. Street Address Principal Business Office City Portsmouth, State 02871 22x2xxxxxxxxxx 215 Sea Meadow Drive MEMOREX RI 028x2 4. Business Phone No. 6. SIC Code RHODE ISLAND (401) 682-2859 7. Brief Description of the Character of Business Conducted in Rhode Island Develop real estate 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Katherine Graham Leviss None Street Address Street Address 215 Sea Meadow Drive City State Zip Portsmouth, 02871 Secretary Name Treasurer Name Same Same Street Address Street Address City City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name None None Street Address Street Address City State City State Zip Director Name Director Name Street Address Street Address City State 2ip City $Z_{1}p$ 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 COMMON NO PAR NO PAR 100 1,000 SHS NO PAR VALUE COMMON

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

Pitte of Officer

	* 8 8 9 8 2 *
File Date: _	3/198
Check No.:	4094
Ву:	
FOR SECRETARY	OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have exa	mined
this report, including any accompanying schedules and state	ments, and
that all statements contained herein are true and corrects	
Tatte Wighen Cu	1700
Signature of Officer Date	12-160
Katherine Graham Leviss	175/75
Print or Type Name of Officer	 _
President	•