



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

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. 88982 | | 2. Name of Corporation XB Coaching, Inc. | | | |
| 3. Street Address (Principal Business Office) 215 Sea Meadow Dr. | | City Portsmouth | State RI | Zip 02871 | |
| 4. Business Phone No. 401-682-2859 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 5710 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF COACHING AND TO ACT AS A COACH | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Kathi Graham-Leviss | | | Vice President Name None | | |
| Street Address 215 Sea Meadow Dr. | | | Street Address | | |
| City Portsmouth | State RI | Zip 02871 | City | State | Zip |
| Secretary Name Kathi Graham-Leviss | | | Treasurer Name Kathi Graham-Leviss | | |
| Street Address Same as above | | | Street Address Same as above | | |
| 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 | | | 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) <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 |
| 1,000 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 1/12/05
Check No. 3910
By 10.
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.

Kathi Graham-Leviss 1/7/05
Signature of Officer Date
Katherine E Graham
Print or Type Name of Officer
President
Title of Officer



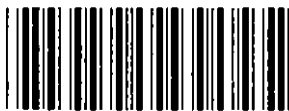
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|--------------|---|---|--------------|---------------------|
| 1. Corporate ID No. 88982 | | 2. Name of Corporation XB Coaching, Inc. | | | |
| 3. Street Address Principal Business Office 215 Sea Meadow Dr. | | City Portsmouth | | State RI | Zip 02871 |
| 4. Business Phone No. 401-682-2359 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 5710 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island Coaching & To Act As A Coach | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Kathi Graham - Leviss | | | Vice President Name None | | |
| Street Address 215 Sea Meadow Dr. | | | Street Address | | |
| City Portsmouth | State RI | Zip 02871 | City | State | Zip |
| Secretary Name Kathi Graham - Leviss | | | Treasurer Name Kathi Graham - Leviss | | |
| Street Address Same as above | | | Street Address Same as above | | |
| 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 | | |
| 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) <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 |
| 1,000 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



* 8 8 9 8 2 *

| | |
|---------------------------------|--------------|
| File Date | FILED |
| Check No | FEB 17 2004 |
| By | Bv/M 20496 |
| 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 Kathi Graham - Leviss Date 1/5/04
Print or Type Name of Officer Kathi Graham - Leviss
Title of Officer 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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

88982

2. Name of Corporation

XB Coaching, Inc.

3. Street Address Principal Business Office

215 Sea Meadow Drive

City

Portsmouth

State

RI

Zip

02871

4. Business Phone No

401-682-2859

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5710 7286

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

Consulting

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Katherine Graham Leviss

Vice President Name

Street Address

215 Sea Meadow Drive

Street Address

City

Portsmouth

State

RI

Zip

02871

City

State

Zip

Secretary Name

Treasurer Name

Katherine Graham-Leviss

Street Address

Street Address

215 Sea Meadow Drive

City

Portsmouth

State

RI

Zip

02871

City

State

Zip

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

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

Common

No Par

Number of Shares

Class/Series

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



* 8 8 9 8 2 *

File Date: 2/19/03

Check No.: 3278

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

Date

Katherine Graham-Leviss

Print or Type Name of Officer

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No

88982

2. Name of Corporation

XB Coaching, Inc.

3. Street Address Principal Business Office

215 Sea Meadow Dr.

Portsmouth RI

State

Zip 02871

4. Business Phone No

401-682-2859

5. State of Incorporation

RHODE ISLAND

6. SIC Code 5710

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

Executive Coaching + Training

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

President Name

Kathi Graham-Leviss

Vice President Name

None

Street Address

215 Sea Meadow Dr.

Street Address

City Portsmouth RI Zip 02871

City State Zip

Secretary Name

Same as above

Treasurer Name

Kathi Graham-Leviss

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

None

Director Name

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 AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

Common

No par

100

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Common

No par

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



* 8 8 9 8 2 *

File Date: 1-4-02

Check No.: 1196

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] Date 12/29/01

Print or Type Name of Officer

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. **88982** 2. Name of Corporation **XB, Inc.** effective **12/13/2000**, **XB Coaching, Inc.**
3. Street Address Principal Business Office **215 Sea Meadow Drive** City **Portsmouth** State **RI** Zip **02871**
4. Business Phone No. **401/682-2859** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710 7286**

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

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

| | |
|--|--|
| President Name Katherine Graham Leviss | Vice President Name None |
| Street Address 215 Sea Meadow Drive | Street Address |
| City Portsmouth State RI Zip 02871 | City State Zip |
| Secretary Name Cathy Slocum | Treasurer Name Katherine Graham Leviss |
| Street Address 23 Brooks Avenue | Street Address 215 Sea Meadow Drive |
| City Newport State RI Zip 02840 | City Portsmouth State RI Zip 02871 |

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 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)

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|-------------------------------|----------------------|-----------|
| 1,000 SHS NO PAR VALUE | COMMON NO PAR | |

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

ISSUED SHARES

| Number of Shares | Class/Series | 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



* 8 8 9 8 2 *

File Date 2/27

Check No. 1016

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.

Katherine Graham Leviss
Signature of Officer Date 2-26-01

Katherine Graham Leviss
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 2000

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

215 Sea Meadow Drive

City

Portsmouth

State

RI

Zip

02871

4. Business Phone No.

(401) 682-2859

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5710

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)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Katherine Graham Leviss

Vice President Name

None

Street Address

215 Sea Meadow Drive

Street Address

City

Portsmouth

State

RI

Zip

02871

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

None

Director Name

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 AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

COMMON NO PAR

Number of Shares

Class/Series

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



* 8 8 9 8 2 *

File Date

Check No.

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.

Signature of Officer

Date

Katherine Graham Leviss

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
401-277-3040



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. **88982** 2. Name of Corporation **XB, Inc.**

3. Street Address Principal Business Office **215 Sea Meadow Drive** City **Portsmouth** State **RI** Zip **02871**

4. Business Phone No. **401/682-2859** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

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 **Katherine Graham Leviss** Vice President Name **None**

Street Address **215 Sea Meadow Drive** Street Address

City **Portsmouth** State **RI** Zip **02871** 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 **None** Director Name **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 AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 SHS NO PAR VALUE COMMON NO PAR 100

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

ISSUED SHARES

Number of Shares Class/Series Par Value

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: May 8, 1999
Check No: 4723
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.

Katherine Graham Leviss 2/25/99
Signature of Officer Date

Katherine Graham Leviss
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
401-277-3040



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. **88982** 2. Name of Corporation **XB, Inc.**
3. Street Address Principal Business Office **22 Dixon Street** City **Newport,** State **RI** Zip **02840**
4. Business Phone No. **(401/489-5229)** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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 **Katherine Graham** Vice President Name **None**
Street Address **22 Dixon Street** Street Address
City **Newport,** State **RI** Zip **02840** City State Zip
Secretary Name **Cathy Slocum** Treasurer Name **Katherine Graham**
Street Address **55 Memorial Blvd.** Street Address **22 Dixon Street**
City **Newport,** State **RI** Zip **02840** City **Newport,** State **RI** Zip **02840**

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

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 AND ISSUED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|------------------------|--------------|-----------|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value | 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: **3/7/97**
Check No.: **3450**
By: **1UP**

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 **Katherine Graham** Date **3/6/97**
Print or Type Name of Officer **Katherine Graham**
Title of Officer **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 02903-1315
401-277-3040



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. **88982** 2. Name of Corporation **XB, Inc.**
3. Street Address Principal Business Office **22x01x00x01x00x 215 Sea Meadow Drive** City **Portsmouth,** State **RI** Zip **02871**
4. Business Phone No. **(401) 682-2859** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **02800**

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 Katherine Graham Leviss | Vice President Name None |
| Street Address 215 Sea Meadow Drive | Street Address |
| City Portsmouth, State RI Zip 02871 | 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 None | Director Name 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 AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

| | | |
|-------------------------------|----------------------|-----------|
| Number of Shares | Class/Series | Par Value |
| 1,000 SHS NO PAR VALUE | COMMON NO PAR | |

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

ISSUED SHARES

| | | |
|------------------|---------------|---------------|
| Number of Shares | Class/Series | 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



File Date: **3/2/98**
Check No.: **4094**
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 **Katherine Graham Leviss** Date **2/25/99**
Print or Type Name of Officer
President
Title of Officer