

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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 IN BLACK) 1. Corporate ID No. 2. Name of Corporation 108987 Body Kneads, Incorporated 3. Street Address Principal Business Office City State Zip 170 Broadway Suite 207 PROVIDENCE RI 02903-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4014534263 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM MASSAGE THERAPY AND ANY AND ALL OTHER TREATMENTS NECESSARY AND INCIDENT TO THERAPEUTIC PURPOSES.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Victoria Custer .Victoria Custer Street Address Sireei Address 170 Broadway Suite 207 .170 Broadway Suite 207 City Sinte Zip City State Ζp PROVIDENCE RI 02903 PROVIDENCE RI 02903 Secretary Name Treasurer Name Victoria Custer Victoria Custer Street Address Street Address 170 Broadway Suite 207 .170 Broadway Suite 207 City State Zip *City State Z_{P} PROVIDENCE RI 02903 PROVIDENCE RI 02903 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) . FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Victoria Custer Street Address - Street Address 170 Broadway Suite 207 City State Zıp •City Zip State Providence RI 02903 Director Name Director Name Street Address ·Street Address City Zip State Lliy 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 1,000 NO PAR VALUE 200 No Por Value This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	this report, including any accompanying schedules and statements,
108987 DBC 05/03/05 10:02:23 AM	and that all statements contained herein are true and correct.
File Date 6 21 05	Met as 5/10/05
Check No. 135[Signature of Officer Date!
By: OA	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President
	Tule of Officer Form 630 12/01



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

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 108987 Body Kneads, Incorporated 3. Street Address Principal Business Office Cirv State 9 NISBIT STREET **PROVIDENCE** ŔΤ 02906-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4014534263 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM MASSAGE THERAPY AND ANY AND ALL OTHER TREATMENTS NECESSARY AND INCIDENT TO THERAPEUTIC 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Victoria Custer · Victoria Custer Street Address Street Address 9 Nesbit Street 9 Nesbit Street City State City Zip Zio Providence Rhode Island 02906 Providence Rhode Island 02906 Secretary Name Treasurer Name Victoria Custer Victoria Custer Street Address Street Address 9 Nesbit Street 9 Nesbit Street City State Zio City State Zip Providence Rhode Island 02906 Providence Rhode Island 02906 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Victoria Custer Street Address Sireei Address 9 Nesbit Street City State City State Ζір Providence Rhode Island | 02906 Director Name Director Name Street Address · Street Address City State City State Ziρ 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 1,000 NO PAR VALUE 200 Common 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, *108987 DBC 02/09/04 08:41:15 AM* and that all statements contained herein are true and correct. File Date Signature of Officer Check No. Victoria Custer Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY 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 - (FORM MUST BE TYPED IN BI	LACK)						
1. Corporate ID No.	2. Name of Corporation						
108987*	Body Kneads, II	ncorporated	•				
3. Street Address Principal Busine	ess Office		Ciry	State	Zip		
<u> </u>	9 NISBIT STREET		PROVIDENCE	RI	02906-		
4. Business Phone No.		5. State of Incorporation		· 	6. SIC Code		
4014534263		RHODE ISLAND			0		
PURPOSES.			EATMENTS NECESSARY AND				
8. NAMES AND ADDRESS President Name	ES OF THE OFFICE	RS_("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	S BEFORE USING ATTAC	HMENTS		
Victoria Custer			Vice President Name				
Street Address	·	······································	- Victoria Custer				
9 Nosbit Strect			Street Address				
City	Tc	12.	. 9 Nesbit Street				
Providence	State	Zip	City	State	Zip		
Secretary Name	Rhode Island	02906	Providence	Rhode Island	02906		
Victoria Custer			Treasurer Name				
			.Victoria Custer		<u></u>		
Street Address			Street Address				
9 Nesbit Street			.9 Nesbit Street				
City	State	Zip	City	State	Zip		
Providence	Rhode Island	02906	.Rhode Providence	Rhode Island	02906		
9. NAMES AND ADDRESS	ES OF THE DIRECT	ORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS		
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Victoria Custer			•				
Street Address			· Street Address	·····			
9 Nesbit Street			•				
City	State	Zip	•City	State	Zip		
Providence	Rhode Island	02906	•	3.000	Z.ip		
Director Name	J		Director Name	. l	J		
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Street Address			· Street Address				
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City	State	Zip	·City	10-1-	76		
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This report must be signed	in ink by either th	e President Vice Pre	esident, Secretary, Assistant	Connector Toponium	<u> </u>		
,	or the by Eliner III	e i restaem, rice i re	staem, Secretary, Assistant	secretary, treasurer,	Receiver or Irusii		
	(B)						
	inin inin inin ini		Under penalty of assistant	1 declare and a Courth at 1	1		
- 1 0 6	, , , , ,		Under penalty of perjury, this report, including any	accompanying schedules	nave examined		
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*108987 DBC1/13/039:5	2:43 AM-			1 1	Conçet.		
File Date + 23-	<u>U</u>)		1100	set a will	rC.		
10.0			Signature of Officer	1191	<u>. </u>		
Check No. 1919			1/ - 1	1 1			
7			VICTORIA	LUSTER			
B_{Y} \bigcup		<u></u>	Print or Type Name of Office	er ———			
FOR SECRETARY OF STATE U	ICE ONLY		Prosidont	•			
	ISE UNLT		Title of Officer		Form 630 12/6		



Edward S. Ininan, III. Secretary of State Corporations Duvision 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORF Filing Period: Januar	y 1-March 1 •	NAINNUAL KEP Filing Fee: \$50.00	OKI FOR THE	YEAR	PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BL	ACK)				103163.110,13
1. Corporate ID No.	2. Name of Corpo				
108987	Body Knea	ads, Incorporated			
3. Street Address Principal Busines:			City	State	Zip
9 Nisbit Stree 4. Business Phone No.	et .		Providence	RI	02906
401-453-4263		5. State of Incorporation			6. SIC Code
7. Brief Description of the Characte	er of Rusiness Conducted	RHODE ISLAND			0
			111 treatments :	necessarv& a	ny other lawful
		FICERS ("X" BOX FOR ATTACH			
resident Name		TOTAL TOTAL TOTAL TACK	Vice President Nume	EFORE USING ATTAC	CHMEN13
Victoria Cust	er		Victoria Cust	ter	
Greet Address 9 Nisbit Stre	et		Street Address 9 Nisbit Sti	reet	
Olty	State	Zip	City	State	Zip
Providence,	RI	02906	Providence	RI	^{zıp} 02906
^{Gecretary Nome} Victoria Custe	er		Victoria Cust	ter	
treet Address 9 Nisbit	Street		Street Address 9 Nisl	oit Street	
Providence	State R I	^{Zip} 02906	cuy Providence	State RI	^z 62906
P. NAMES AND ADDRES Director Name Victoria Cust		RECTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	
rreet Address 9 Nisbit	Street		Street Address		
Sity	State	71.	a.		
Providence	RI	zιρ 02906	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Zip
O. SHARES AUTHORIZE.	D (*X* BOX FOR ATT	FACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT	י כי
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Fat Value
1,000 NO PAR VALUE			200	Common	No par value

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



File Date:	3-6-02	
Check No.:	1693	
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

Victa	1 Cost	3/4/02
Signature of Officer	4 C . J	Date

Print or Type Name of Officer,

Title of Officer

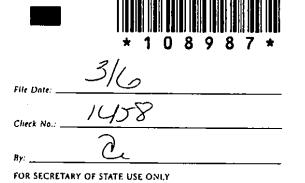
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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. 108987	2. Name of Corporation Body Knead	, s, Incorporate	ed .		
3. Street Address Principal Business (Office		City	State	Zip
9 Nisbit Street 4. Business Phone No.		S. State of Incorporation RHODE ISLA		RI	02906 6. SIC Co g
7. Brief Description of the Character	of Business Conducted in F	lhode Island			
To perform massage 8. NAMES AND ADDRESS President Name	therapy and es of the offic	any and all ot ERS (*X* BOX FOR ATTA	her treatments neces CHMENT) FILL IN SPACES BE Vice President Name	sary thereto. Fore Using ATTAC	HMENTS
Victoria Custer			Victoria Custer		
9 Nisbit Street	State	Ζίρ	9 Nisbit Street	State	Zip
Providence Secretary Name	RI	02906	Providence Treasurer Name	RI	02906
Victoria Custer Street Address 9 Nisbit Street			Victoria Custer		
City STIEGE	State	Zip	9 Nisbit Street		
Providence	RI	02906	Providence	State RI	zıp 02906
9. NAMES AND ADDRESS Director Name Victoria Custer Street Address	ES OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Director Name Street Address	BEFORE USING ATTA	CHMENTS
9 Nisbit Street			" =		
Providence Director Name	State RI	02906	City Director Name	State	Zip
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	(*X* BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VAL	UE		200	Common	No Par
l'his report must be signe	d in ink by cithe	the President, Vice	· President, Secretary, Assista	int Secretary, Treasu	

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. Signature of Officer Victoria Custer

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 401-222-3040

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

108987

Body Kneads, Incorporated

3. Street Address Principal Business Office

9 Nisbit Street

Providence

State

4. Business Phone No.

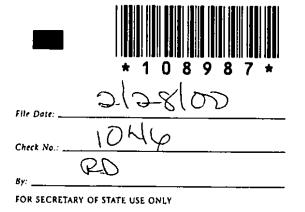
S. State of Incorporation RHODE ISLAND RI

02906 6. SIC Code

453-4263

1,000 NO PAR VAL	JE		200	Common	No Par Value
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMEN	τ)
City	State	Zip	City	State	Zip
Street Address			Street Address		
Providence Director Name	RI 029	06	Director Name		
9 Nisbit Street	State	Zip	City	State	Zip
Victoria Custer			Street Address		
9. NAMES AND ADDRES				RI ES BEFORE USING ATT	02906 ACHMENTS
Providence	State RI	zip 02906	Providence.	State	Zip
9 Nisbit Street	****	•	9 Nisbit		
Street Address			Victoria Street Address	Custer	
Secretary Name Victoria Custer		•	Treasurer Name	-	V-2500
Providence	RI	02906	Providence	RI	02906
City .	State	Zip	9 Nisbit	Street	Zip
Street Address 9 Nisbit Street			Street Address	•••	
Victoria Custer			Victoria	Custer	
8. NAMES AND ADDRES President Name	SES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
7. Bilef Description of the Character To perform msage 8. NAMES AND ADDRESS	therapy and	any and all oth	er treatments neces	sary; and any o	ther lawful purpose

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.

Victoria Custer

Print or Type Name of Officer

President Title of Officer

Signature of Officer

Date