



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 IN BLACK)

1. Corporate ID No. 108987		2. Name of Corporation Body Kneads, Incorporated			
3. Street Address Principal Business Office 170 Broadway Suite 207			City PROVIDENCE	State RI	Zip 02903-
4. Business Phone No. 4014534263		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Victoria Custer		Vice President Name Victoria Custer			
Street Address 170 Broadway Suite 207		Street Address 170 Broadway Suite 207			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name Victoria Custer		Treasurer Name Victoria Custer			
Street Address 170 Broadway Suite 207		Street Address 170 Broadway Suite 207			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Victoria Custer		Director Name			
Street Address 170 Broadway Suite 207		Street Address			
City Providence	State RI	Zip 02903	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			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



1 0 8 9 8 7

\*108987 DBC 05/03/05 10:02:23 AM\*

File Date 6/21/05

Check No. 1351

By: DA

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.

Victoria Custer 5/10/05  
Signature of Officer Date  
Victoria Custer  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND  
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Office of the Secretary of State

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

# 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. 108987		2. Name of Corporation Body Kneads, Incorporated			
3. Street Address Principal Business Office 9 NISBIT STREET		City PROVIDENCE	State RI	Zip 02906-	
4. Business Phone No. 4014534263		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Victoria Custer		Vice President Name Victoria Custer			
Street Address 9 Nesbit Street		Street Address 9 Nesbit Street			
City Providence	State Rhode Island	Zip 02906	City Providence	State Rhode Island	Zip 02906
Secretary Name Victoria Custer		Treasurer Name Victoria Custer			
Street Address 9 Nesbit Street		Street Address 9 Nesbit Street			
City Providence	State Rhode Island	Zip 02906	City Providence	State Rhode Island	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Victoria Custer		Director Name			
Street Address 9 Nesbit Street		Street Address			
City Providence	State Rhode Island	Zip 02906	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			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

FILED



APR 05 2004

By: *[Signature]*  
C. Zobel

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]* 4/2/04  
Signature of Officer Date  
Victoria Custer  
Print or Type Name of Officer  
President  
Title of Officer

\*108987 DBC 02/09/04 08:41:15 AM\*  
File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



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 IN BLACK)

1. Corporate ID No. *108987*		2. Name of Corporation Body Kneads, Incorporated			
3. Street Address Principal Business Office 9 NISBIT STREET		City PROVIDENCE	State RI	Zip 02906-	
4. Business Phone No. 4014534263		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Victoria Custer		Vice President Name Victoria Custer			
Street Address 9 Nesbit Street		Street Address 9 Nesbit Street			
City Providence	State Rhode Island	Zip 02906	City Providence	State Rhode Island	Zip 02906
Secretary Name Victoria Custer		Treasurer Name Victoria Custer			
Street Address 9 Nesbit Street		Street Address 9 Nesbit Street			
City Providence	State Rhode Island	Zip 02906	City Rhode Providence	State Rhode Island	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Victoria Custer		Director Name			
Street Address 9 Nesbit Street		Street Address			
City Providence	State Rhode Island	Zip 02906	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			200	Common	No Par

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



\* 1 0 8 9 8 7 \*

\*108987 D8C1/13/039:52:43 AM\*  
File Date 4-23-03  
Check No. 1919  
By: VC  
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.

Victoria Custer 3/14/03  
Signature of Officer Date  
Victoria Custer  
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.

108987

2. Name of Corporation

Body Kneads, Incorporated

3. Street Address Principal Business Office

9 Nisbit Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

401-453-4263

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

To perform Masage therapy and any and all treatments necessary& any other lawful purpose.

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

President Name

Victoria Custer

Vice President Name

Victoria Custer

Street Address

9 Nisbit Street

Street Address

9 Nisbit Street

City

Providence,

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Secretary Name

Victoria Custer

Treasurer Name

Victoria Custer

Street Address

9 Nisbit Street

Street Address

9 Nisbit Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

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

Director Name

Victoria Custer

Director Name

Street Address

9 Nisbit Street

Street Address

City

Providence

State

RI

Zip

02906

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

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

ISSUED SHARES

Number of Shares

Class/Series

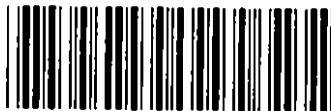
Par Value

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



\* 1 0 8 9 8 7 \*

File Date: 3-6-02

Check No.: 1693

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.

Victoria A Custer 3/4/02  
Signature of Officer Date

Victoria A. Custer  
Print or Type Name of Officer

President  
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. **108987** 2. Name of Corporation  
**Body Kneads, Incorporated**

3. Street Address Principal Business Office  
**9 Nisbit Street** City **Providence** State **RI** Zip **02906**  
4. Business Phone No. 5. State of Incorporation  
**RHODE ISLAND** 6. SIC Code **8**

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

To perform massage therapy and any and all other treatments necessary thereto.

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

President Name <b>Victoria Custer</b> Street Address <b>9 Nisbit Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	Vice President Name <b>Victoria Custer</b> Street Address <b>9 Nisbit Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>
Secretary Name <b>Victoria Custer</b> Street Address <b>9 Nisbit Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	Treasurer Name <b>Victoria Custer</b> Street Address <b>9 Nisbit Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>

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

Director Name <b>Victoria Custer</b> Street Address <b>9 Nisbit Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	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
<b>1,000 NO PAR VALUE</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>No Par</b>

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



\* 1 0 8 9 8 7 \*

File Date: 3/6

Check No.: 1458

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.

Victoria Custer 2-29-01  
Signature of Officer Date

Victoria Custer  
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



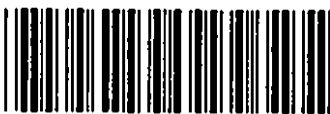
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>108987</b>		2. Name of Corporation <b>Body Kneads, Incorporated</b>	
3. Street Address Principal Business Office <b>9 Nisbit Street</b>		City <b>Providence</b>	State <b>RI</b>
4. Business Phone No. <b>453-4263</b>		6. SIC Code <b>02906</b>	
5. State of Incorporation <b>RHODE ISLAND</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To perform massage therapy and any and all other treatments necessary; and any other lawful purpose</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Victoria Custer</b>		Vice President Name <b>Victoria Custer</b>	
Street Address <b>9 Nisbit Street</b>		Street Address <b>9 Nisbit Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
Secretary Name <b>Victoria Custer</b>		Treasurer Name <b>Victoria Custer</b>	
Street Address <b>9 Nisbit Street</b>		Street Address <b>9 Nisbit Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Victoria Custer</b>		Director Name <b>Victoria Custer</b>	
Street Address <b>9 Nisbit Street</b>		Street Address <b>9 Nisbit Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1,000</b>	<b>NO PAR VALUE</b>		
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>200</b>	<b>Common</b>	<b>No Par Value</b>	

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



\* 1 0 8 9 8 7 \*

File Date: 2/28/00

Check No.: 1046

By: RD

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.

Victoria Custer  
Signature of Officer

Date

Victoria Custer  
Print or Type Name of Officer

President  
Title of Officer