



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. 71193		2. Name of Corporation Pedal Power Bicycle Shop, Inc.			
3. Street Address Principal Business Office 879 WEST MAIN RD.			City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No 401 846 7525		5. State of Incorporation RHODE ISLAND			6. SIC Code 4697
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SALE OF BICYCLES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT MESSIER			Vice President Name FAITH M. MESSIER		
Street Address 157 MINTON ST.			Street Address 157 MINTON ST.		
City DARTMOUTH	State MA	Zip 02748	City DARTMOUTH	State MA	Zip 02748
Secretary Name FAITH M. MESSIER			Treasurer Name ROBERT MESSIER		
Street Address SEE ABOVE			Street Address SEE 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
600	NO PAR VALUE		0		

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



File Date 2/15/05
Check No. 483
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.

Robert Messier 2/12/05
Signature of Officer Date
ROBERT MESSIER
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. 71193		2. Name of Corporation Pedal Power Bicycle Shop, Inc.			
3. Street Address Principal Business Office 879 WEST MAIN ROAD			City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No. (401) 846-7525		5. State of Incorporation RHODE ISLAND			6. SIC Code 4697
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SALE OF BICYCLES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT MESSIER			Vice President Name FATH M. MESSIER		
Street Address 157 MILTON ST.			Street Address 157 MILTON ST.		
City DARIMOUTH	State MA	Zip 02748	City DARIMOUTH	State MA	Zip 02748
Secretary Name FATH M. MESSIER			Treasurer Name ROBERT MESSIER		
Street Address 157 MILTON ST.			Street Address 157 MILTON ST.		
City DARIMOUTH	State MA	Zip 02748	City DARIMOUTH	State MA	Zip 02748
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"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			NONE		
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			NONE		

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



* 7 1 1 9 3 *

File Date 3/9/04
Check No. 117
By: RS
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 Robert Messier Date 3/4/04
Print or Type Name of Officer ROBERT MESSIER
Title of Officer PRESIDENT



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. **71193** 2. Name of Corporation **Pedal Power Bicycle Shop, Inc.**

3. Street Address Principal Business Office
819 WEST MAIN RD.

City **MIDDLETOWN** State **RI**

Zip **02842**

4. Business Phone No. **401-846-7525**

5. State of Incorporation
RHODE ISLAND

6. SIC Code
4697

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL BICYCLES AND RELATED ACCESSORIES AND SERVICE

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

President Name **ROBERT MESSIER**

Vice President Name **FAITH M. MESSIER**

Street Address **157 MILTON ST.**

Street Address **157 MILTON ST.**

City **DARTMOUTH** State **MA.** Zip **02748**

City **DARTMOUTH** State **MA.** Zip **02748**

Secretary Name **FAITH M. MESSIER**

Treasurer Name **ROBERT MESSIER**

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

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)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

600 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



* 7 1 1 9 3 *

File Date: 2/19/03

Check No. 6285

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] 2/5/03
Signature of Officer Date

ROBERT MESSIER
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. **71193** 2. Name of Corporation **Pedal Power Bicycle Shop, Inc.**
3. Street Address Principal Business Office **879 WEST MAIN RD.** City **MIDDLETOWN** State **RI** Zip **02842**
4. Business Phone No. **401 846-7525** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4697**
7. Brief Description of the Character of Business Conducted in Rhode Island
SALES + SERVICE OF BICYCLES + RELATED ACCESSORIES

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

President Name ROBERT MESSIAE	Vice President Name FAITH M. MESSIAE
Street Address 157 MILTON ST.	Street Address 157 MILTON ST.
City DARTMOUTH State MA Zip 02748	City DARTMOUTH State MA Zip 02748
Secretary Name FAITH M. MESSIAE	Treasurer Name ROBERT MESSIAE
Street Address SEE ABOVE	Street Address SEE ABOVE
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	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)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 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



* 7 1 1 9 3 *

File Date: 3-5-02
Check No.: 5826
By: KML

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 Robert Messiaie Date 2/16/02
Print or Type Name of Officer ROBERT MESSIAE
Title of Officer PRESIDENT



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. **71193** 2. Name of Corporation **Pedal Power Bicycle Shop, Inc.**
3. Street Address Principal Business Office **879 WEST MAIN RD.** City **MIDDLETOWN** State **RI** Zip **02842**
4. Business Phone No. **(401) 846-7525** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4697**

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALES AND SERVICE BICYCLES AND RELATED ACCESSORIES

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

President Name ROBERT MESSIER Street Address 157 MILTON ST. City DARTMOUTH State MA. Zip 02748	Vice President Name FAITH M. MESSIER Street Address 157 MILTON ST. City DARTMOUTH State MA. Zip 02748
Secretary Name FAITH M. MESSIER Street Address 157 MILTON ST. City DARTMOUTH State MA Zip 02748	Treasurer Name ROBERT MESSIER Street Address 157 MILTON ST. City DARTMOUTH State MA. Zip 02748

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

Director Name	Street Address	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
600 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 **NONE**

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



* 7 1 1 9 3 *

File Date: 3-16-01
Check No.: 5326
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.

[Signature] 3/15/01
Signature of Officer Date
ROBERT MESSIER
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **71193** 2. Name of Corporation **Pedal Power Bicycle Shop, Inc.**
3. Street Address Principal Business Office **879 WEST MAIN ROAD** City **MIDDLETOWN** State **RI** Zip **02842**
4. Business Phone No. **(401) 846-7525** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4697**

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL AND SERVICE BICYCLES AND RELATED ACCESSORIES

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

President Name ROBERT MESSIER Street Address 157 MILTON ST. City DARTMOUTH State MA Zip 02748	Vice President Name FAITH M. MESSIER Street Address 157 MILTON ST. City DARTMOUTH State MA Zip 02748
Secretary Name FAITH M. MESSIER Street Address 157 MILTON ST. City DARTMOUTH State MA Zip 02748	Treasurer Name ROBERT MESSIER Street Address 157 MILTON ST. City DARTMOUTH State MA Zip 02748

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

Director Name NONE Street Address 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
600 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

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



* 7 1 1 9 3 *

File Date: 3/19/00
4/785
Check No.: 2
By: _____

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.

Robert Messier 2/5/2000
Signature of Officer Date
ROBERT MESSIER
Print or Type Name of Officer
PRESIDENT
Title of Officer

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. **71193** 2. Name of Corporation **Pedal Power Bicycle Shop, Inc.**
3. Street Address Principal Business Office **879 WEST MAIN ROAD** City **MIDDLETOWN** State **RI** Zip **02842**
4. Business/Phone No. **(401) 846-7525** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4897**
7. Brief Description of the Character of Business Conducted in Rhode Island **RETAIL BICYCLE SALES AND SERVICE**

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

President Name ROBERT MESSIER	Vice President Name FAITH M. MESSIER
Street Address 157 MILTON STREET	Street Address 157 MILTON STREET
City S. DARTMOUTH MA State MA Zip 02748	City S. DARTMOUTH MA State MA Zip 02748
Secretary Name FAITH M. MESSIER	Treasurer Name ROBERT MESSIER
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
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
600 SHS	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: May 1, 99
Check No.: 4194
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.

Signature of Officer: [Signature] Date: 2/10/99
Print or Type Name of Officer: ROBERT MESSIER
Title of Officer: PRESIDENT

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. **71193** 2. Name of Corporation **Pedal Power Bicycle Shop, Inc.**
3. Street Address Principal Business Office **879 WEST MAIN ROAD** City **MIDDLETOWN** State **RI** Zip **02842**
4. Business Phone No. **(401) 846-7525** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4697**

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL BICYCLES + RELATED ACCESSORIES

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

President Name ROBERT MESSIER	Vice President Name FAITH M. MESSIER
Street Address 157 MINTON STREET	Street Address 157 MINTON ST.
City DARTMOUTH State MA Zip 02748	City DARTMOUTH State MA Zip 02748
Secretary Name FAITH M. MESSIER	Treasurer Name ROBERT MESSIER
Street Address 157 MINTON ST	Street Address 157 MINTON ST.
City DARTMOUTH State MA Zip 02748	City DARTMOUTH State MA Zip 02748

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

Director Name NONE	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
600 SHS NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100		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: **3-11-98**
Check No.: **30037**
By: **UP**
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: **Robert Messier** Date: **3/7/98**
Print or Type Name of Officer: **ROBERT MESSIER**
Title of Officer: **PRESIDENT**

Duplicate - original misplaced

06/25/98 11:09 14012771308

RI SOS CORP DIV

002

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

James B. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1333 401-277-3046

DUPLICATE

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. 71193 2. Name of Corporation Pedal Power Bicycle Shop, Inc. 3. Street Address Principal Business Office 879 West Main Road City Middletown State RI Zip 02842 4. Business Phone No (401) 846-7525 5. State of Incorporation Rhode Island 6. SIC Code

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) President Name Robert Messier Vice President Name Faith M Messier Secretary Name Faith M Messier Treasurer Name Robert Messier

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) NONE

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) AUTHORIZED SHARES 600 Shares No Par Value 11. SHARES ISSUED (X BOX FOR ATTACHMENT) ISSUED SHARES - 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. Signature of Officer: Robert Messier Date: 6/24/98 Print or Type Name of Officer: ROBERT MESSIER Title of Officer: PRESIDENT

File Date: Check No: By: FOR SECRETARY OF STATE USE ONLY

* ATTN: MAUREEN

SECRETARY OF STATE
CORPORATIONS DIVISION
21-12-270

Jun 19 98

Aug 20 '98

0115000104
FLEET RI PROVIDENCE, RI
2307 093 20 98 03/19/98
5400489972

Pedal Power Bicycle Shop Inc.
879 WEST MAIN ROAD
MIDDLETOWN, RI 02842
(401) 846-7525

THIS CHECK IS IN PAYMENT OF THE FOLLOWING
CORP ID 71199 107

3637
57-12/115

PAY FIFTY AND 00/100 DOLLARS

CHECK AMOUNT

DATE	TO THE ORDER OF	CHECK NO	DESCRIPTION	DOLLARS
2/7/98	STATE OF RI - SECRETARY OF STATE	3637		50.00

50.00

CITIZENS BANK
CITIZENS TRUST COMPANY
PROVIDENCE, RI

Robert M...

⑆003637⑆ ⑆011500120⑆ 3637 374 7⑆ ⑆0000005000⑆

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. **71193** 2. Name of Corporation **Pedal Power Bicycle Shop, Inc.**
3. Street Address Principal Business Office **879 WEST MAIN RD.** City **MIDDLETOWN** State **RI** Zip **02842**
4. Business Phone No. **(401) 846-7525** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4697**

7. Brief Description of the Character of Business Conducted in Rhode Island
BICYCLE SALES + SERVICE

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

President Name ROBERT MESSIER	Vice President Name FAITH M MESSIER
Street Address 157 MILTON STREET	Street Address 157 MILTON STREET
City DARTMOUTH State MA Zip 02748	City DARTMOUTH State MA Zip 02748
Secretary Name FAITH M. MESSIER	Treasurer Name ROBERT MESSIER
Street Address SAME	Street Address SAME
City State Zip	City State Zip

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

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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES ✓
Number of Shares Class/Series Par Value	Number of Shares Class/Series Par Value
600 SHS NO 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: 3.13.97
Check No.: 3056
By: IUP
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: Robert Messier Date: 2/27/97
Print or Type Name of Officer: ROBERT MESSIER
Title of Officer: PRESIDENT

**PROFIT CORPORATON
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) 277-3

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. **0071193**
 2. NAME OF CORPORATION **PEDAL POWER BICYCLE SHOP, INC.**
 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE **879 WEST MAIN RD.** CITY **MIDDLETOWN** STATE **RI** ZIP CODE **02842**
 4. BUSINESS PHONE NO. **(401) 846-7525** 5. STATE OF INCORPORATION **RHODE ISLAND** 6. SIC CODE **4699**
 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND **RETAIL SALES OF BICYCLE AND RELATED ACCESSORIES, PLUS REPAIR SERVIC**

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME ROBERT MESSIER			VICE PRESIDENT NAME FAITH M. MESSIER		
STREET ADDRESS 879 WEST MAIN RD.			STREET ADDRESS 879 WEST MAIN RD.		
CITY MIDDLETOWN	STATE RI	ZIP CODE 02842	CITY MIDDLETOWN	STATE RI	ZIP CODE 02842
SECRETARY NAME FAITH M. MESSIER			TREASURER NAME ROBERT MESSIER		
STREET ADDRESS SAME			STREET ADDRESS SAME		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME ROBERT MESSIER			DIRECTOR NAME FAITH M. MESSIER		
STREET ADDRESS 879 W. MAIN RD.			STREET ADDRESS 879 W. MAIN RD.		
CITY MIDDLETOWN	STATE RI	ZIP CODE 02842	CITY MIDDLETOWN	STATE RI	ZIP CODE 02842
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
600	NO PAR VALUE	NONE	600	NO PAR	NONE

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:

8/16/96

Check No:

2752

By:

[Signature]

For Secretary of State Use Only

Signature of Officer

[Signature]

PRESIDENT

Print or Type Name of Officer

PRESIDENT

Title of Officer

8/15/96

Date



Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

ANNUAL REPORT
 Please Type or
 File Annually - Jan. 1 - Ma
 Filing Fee \$:
 Make Checks Payable to: Secretary of

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0071193 Annual Report for the year: 1995

Name of Corporation: PEDAL POWER BICYCLE SHOP INC.

Business entity organized under the laws of the State of: RI
 For foreign entity, address and telephone number of principal office:
 Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode
 Island (Provide street address - Not P.O. Box):
879 WEST MAIN RD.
MIDDLETOWN, RI 02842
 Phone: (401) 846-7525

Brief statement of the character of business conducted in Rhode Island
RETAIL SALES AND SERVICE OF BICYCLES
AND RELATING ACCESSORIES

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CO
PRESIDENT <u>ROBERT MESSIER</u>	<u>879 WEST MAIN RD.</u>	<u>MIDDLETOWN RI</u>	<u>02842</u>
VICE PRESIDENT <u>FAITH M MESSIER</u>	<u>"</u>	<u>"</u>	<u>"</u>
SECRETARY <u>FAITH M MESSIER</u>	<u>"</u>	<u>"</u>	<u>"</u>
TREASURER <u>ROBERT MESSIER</u>	<u>"</u>	<u>"</u>	<u>"</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CO
<u>ROBERT MESSIER</u>	<u>879 WEST MAIN RD.</u>	<u>MIDDLETOWN RI</u>	<u>02842</u>
<u>FAITH M. MESSIER</u>	<u>"</u>	<u>"</u>	<u>"</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares <u>600</u> Class / Series	Number of Shares <u>600</u> Class / Series

Date: SEPTEMBER 16, 1995
 By: Robert Messier
 PRINT OR TYPE NAME OF OFFICER SIGNING: ROBERT MESSIER
 TITLE OF OFFICER SIGNING: PRESIDENT

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FILED
 SEP 19 1995
 By CC 2272

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401 277-3040

File Annually
LLC Sept. 1 - Nov. 1
CORP Jan. 1 - March 1

Corporate ID: 0071193 Annual Report for the year: 1994

Name of Business Entity: Pedal Power Bicycle Shop, Inc.

Business entity organized under the laws of the State of R.I.

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: (401) 8467525

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

879 WEST MAIN RD.
MIDDLETOWN, RI 02842

Phone: (401) 846-7525

Business entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-1.6)

Name, title and mailing address of contact person to whom communications may be directed:

ROBERT MESSIER, PRESIDENT
PEDAL POWER BICYCLE SHOP, INC.
879 WEST MAIN RD.
MIDDLETOWN, RI 02842

Brief statement of the character of business conducted in Rhode Island:

RETAIL BICYCLES AND RELATED ACCESSORIES

Date of Organization: JAN 11, 1993

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (ORG. 0-01)			
<u>ROBERT MESSIER</u>	<u>879 WEST MAIN RD.</u>	<u>MIDDLETOWN RI</u>	<u>02842</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (ORG. 0-01)			
<u>FAITH M. MESSIER</u>	<u>"</u>	<u>"</u>	<u>"</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (ORG. 0-01)			
<u>FAITH M. MESSIER</u>	<u>"</u>	<u>"</u>	<u>"</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (ORG. 0-01)			
<u>ROBERT MESSIER</u>	<u>"</u>	<u>"</u>	<u>"</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
<u>600</u>	
NUMBER	NUMBER
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR	PAR VALUE OR WITHOUT PAR

Date: MARCH 28, 1994

By: Robert Messier
ROBERT MESSIER
PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

Form 3-194

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC-3 must be filed.

ROBERT MESSIER
879 WEST MAIN ROAD
MIDDLETOWN RI 02842

FILED
MAR 28 1994
BY MESS91284