| State of Rhode Island | | | | | - | · | |
|---|----------------------------------|-------------------------------------|-------------------------------------|------------------------------|--|---------------------------|--|
| Department of S | tate - Busin | ess Services I | Division | | _ | | |
| Annual Report for the y | | FILED | | | | | |
| Corporation | | | MAR 08 2023 | | | | |
| → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. | | | | BY YYLO | | | |
| I. Entity ID Number | | e of the Corporation | n | | | | |
| 509972 | 4 | Donna's Gym, Inc. | | | | | |
| 3. Principal Office Address 163 Calderwood Drive | | | City Warwick | | State RI | Z _{ip} 02886 | |
| NAICS Code | 6 Brief descr | iption of the charac | ter of business of | conducted in Rhode Is | L sland | | |
| 713940 | | Operate a gym | | | | | |
| State of Incorporation Rhode Island | | | | | | | |
| List ALL officers (names and a | iddresses) | | | Check | tne box to i | ndicate an attachment | |
| President Name Donna MacR | Vice-President Name Donna MacRae | | | | | | |
| 163 Calderwood Drive | | | Street Address 163 Calderwood Drive | | | | |
| Warwick | State RI | ^{Zip} 02886 | ^{City} Warwi | ck | State RI | ^{Zip} 02886 | |
| Donna MacRae | | | Treasurer Nan | Treasurer Name Donna MacRae | | | |
| 163 Calderwood Drive | | | Street Address 163 Calderwood Drive | | | | |
| Warwick | State RI | ^{Žip} 02886 | City Warwick | | State RI | ^{Zip} 02886 | |
| List ALL directors (names and | addresses) | | | | the box to i | ndicate an attachment | |
| Donna MacRae | | | Director Name | | | | |
| 163 Calderwood Drive | | | Street Address | | | | |
| Warwick | State RI | ^{Ζιρ} 02886 | City | | State | Ζιρ | |
| rector Name | | | Director Name | | | | |
| treet Address | | | Street Address | | | | |
| ity | State | Zip | City | | State | Ζίρ | |
| Shares Authorized his information is currently of record in the | | 10. Shares Issued NUMBER OF SHARES | | | Check the box to indicate an attachment CHASS/SERIES PAR VALUE | | |
| epartment of State. hanges require an additional filing. | | 100 | SHARES | Common | | .01 | |
| | | | | 3011111011 | .01 | | |
| This report must be executed uston, this report must be executed. | on behalf of the | corporation by an a | uthorized repres | entative. If the corpor | ation is in t | he hands of a receiver or | |
| ustee, this report must be execunder penalty of perjury, I decl | are and affirm th | nat I have examine | d this report, in | ustee. ncluding any accom | panying so | chedules and | |
| <i>tatements, and that all statem</i> ame of Authorized Representati | ve ve | igielli are true and | a correct. | . | Date | | |
| Donna MacRae | | | 2/26/207.2 | | | | |
| ignalure of Authorized Represen | Tative Like | | | | | | |

RI SOS Filing Number: 202330309640 Date: 3/8/2023 4:00:00 PM

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov