



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2024**

**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FEB 22 2024**  
BY

1. Entity ID Number <b>001755024</b>		2. Exact name of the Corporation <b>ProFlex, Inc.</b>			
3. Principal Office Address <b>588 Pawtucket Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>621498</b>		6. Brief description of the character of business conducted in Rhode Island <b>Stretch &amp; Flex Classes</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Alisha Carr</b>			Vice-President Name <b>Stephanie Ryan</b>		
Street Address <b>860 Laten Knight Road</b>			Street Address <b>1 Strathmore Place</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Celeste Ruggieiri-Jones</b>			Treasurer Name <b>Michael Bigney</b>		
Street Address <b>104 John Scott Lane</b>			Street Address <b>10 Linden Drive</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Stephanie Ryan</b>			Director Name <b>Alisha Carr</b>		
Street Address <b>1 Strathmore Place</b>			Street Address <b>860 Laten Knight Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Director Name <b>Celeste Ruggieiri-Jones</b>			Director Name <b>Michael Bigney</b>		
Street Address <b>104 John Scott Lane</b>			Street Address <b>10 Linden Drive</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				No-Par	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<b>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.</b>					
Name of Authorized Representative <b>Michael Bigney</b>					Date <b>1/8/2024</b>
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov