




State of Rhode Island
Department of State - Business Services Division

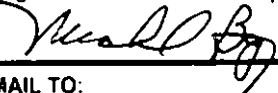
FILED

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 001755024		2. Exact name of the Corporation ProFlex, Inc.			
3. Principal Office Address 588 Pawtucket Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 621498		6. Brief description of the character of business conducted in Rhode Island Stretch & Flex Classes			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alisha Carr			Vice-President Name Stephanie Ryan		
Street Address 860 Laten Knight Road			Street Address 1 Strathmore Place		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Secretary Name Celeste Ruggieiri-Jones			Treasurer Name Michael Bigney		
Street Address 104 John Scott Lane			Street Address 10 Linden Drive		
City North Kingstown	State RI	Zip 02852	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephanie Ryan			Director Name Alisha Carr		
Street Address 1 Strathmore Place			Street Address 860 Laten Knight Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
Director Name Celeste Ruggieiri-Jones			Director Name Michael Bigney		
Street Address 104 John Scott Lane			Street Address 10 Linden Drive		
City North Kingstown	State RI	Zip 02852	City Providence	State RI	Zip 02906
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
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.					
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.					
Name of Authorized Representative Michael Bigney					Date 1/8/2024
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