



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

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 26 2025

BY

1. Entity ID Number 142641		2. Exact name of the Corporation Envy Gymnastics Inc.			
3. Principal Office Address 935 Main Road			City Tiverton		State RI
			Zip 02878		
4. NAICS Code 731940		6. Brief description of the character of business conducted in Rhode Island Operations of Gymnastics Facility			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Nicole Venier			Vice-President Name		
Street Address 100 Fern Way			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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
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		
			4000	CNP	0
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 Nicole Venier				Date 2/18/2025	
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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