RI SOS Filing Number: 202567717230 Date: 3/19/2025 4:00:00 PM

Department of State - Business Services Division							
Annual Report for the year:	2025	5					
Corporation -		<del></del>					
Filing period: February 1 -	May 1						
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 to	lee if form is not fi	iled by May 31.					
1. Entity ID Number	2. Exact name of		,	,			
000108562	Steve Baback's Karat & Sports titness lor						
3. Principal Office Address			City		State	Zip	
148 Boon	<u>St</u>		Nas	ragansett	KI	01882	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
713/3	To ope	To operate and conduct business as a Kerrate school and fitness facility					
5. State of Incorporation	1/orente	Kerrote School and tithess taxility					
R.1	nanan	<u> </u>				1/	
7. List ALL officers (names and ad-	dresses)		Dr. D.		x to indicate	an attachment	
President Name Sternen Babuck				Vice-President Name			
Street Address			Street Address				
148 Boon	St	<u> </u>					
City	State P_	Zip 128)	City		State	Zip	
Natragansett	1 And	10000	Treasurer	Name	<u> </u>		
Secretary Name			Treasure Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and a	ddvoccoc)		<u> </u>	Check the bo	x to indicate	an attachment	
Director Name	uulesses/		Director N				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
			Icur. Izo				
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Issue			x to indicate	an attachment	
This Information is currently of record in the		NUMBER OF SH	ARES CLASS/SERIES		PAR VALUE		
Department of State.		100		CNP			
Changes require an additional filing.		/	-				
11. This report must be executed o	- baball of the sar	position by an auth	orized for	recentative. If the corpor	ation is in the	e hands of a re-	
ceiver or trustee, this report must be	e executed on bet	half of the corporati	ion by the	receiver or trustee			
Under penalty of perjury, I declar	re and affirm that	I have examined	this repor	t, including any accomp	panying sch	nedules and	
statements, and that all statements		rein are true and c	correct.		Date		
Name of Authorized Representative  Stephen Rabback FILED 3/19/25							
Signature of Authorized Representative							
Stephen Balcorf MAR 1 9 2025							
MAIL TO:	<del></del>			- 14	<u> </u>		
Division of Business Services				~ X, Ta 7	J		
148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040							
FORM \$39 Revised: 12/2023							