

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 2. Name of Corporation 69755 FITNESS Properties INC.						
3. Street Address Principal Business Office 231 HIGH STreeT			WesTerly	State R. T.	02891	
4. Business Phone No.	SIREEL	5. State of Incorporation	, rustory	11111	1026-11	
(401)231-7826 Mhode Island						
6. Brief Description of the Character of Business Conducted in Rhode Island						
Business of Physical Filmess 7. Names and addresses of the officers: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Ronald Potter			Bruce D. Potter			
Street Address 10 Tabor Drive			45 Horizon Drive			
City 1	State	Zip	City	Siate	Zip	
Secretary Name	17. L	02919	Treasurer Name	<i>K-L</i>	02878	
Same			Same			
Street Address			Street Address			
			·	<u>_</u>		
City	State	Zip	Cup	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name						
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
СПу	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED						
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			200	Comm	No Parkhe	
			1.1		10012712106	
	- to to to	· · · · · · · · · · · · · · · · · · ·				
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.						
. Esta di						
			Under penalty of penury	. I declare and affirm that	I have examined this report,	
		-	including any accompan	ying schedules and staten	ents, and that all statements	
			contained herein are true and correct.			
File Date FILED	· · · · · · · · · · · · · · · · · · ·		Touses total 2-26-09			
Signature Date						
Check MAR 0 2 2009						
By: By Print or Type Name President President						
FOR SECRETARY OF STATE USE ONLY Title						
			*****		Form 630 Rev. 08/08	