

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.3040 Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00. L. Corporate ID No. 2. Name of Corporation 27750 **BRISTOL SPORTS CLUB** 4. Corporate address in Rhode Island - Street Address 3. State of Incorporation ZipRHODE ISLAND BRISTOL 02809 417 WOOD STREET 5. Foreign corporation. Enter principal office address City Z(p)6. Brief Description of the character of the affairs which are actually conducted in Rhode Island SPORTS CLUB 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name NORBERTO PACHECO **ANTONIO MATOS** Street Address Street Address 163 BRADFORD STREET 37 WALL STREET State State Ζip City 02809 BRISTOL RI 02809 BRISTOL RI Treasurer Name Secretary Name **ZEFENINO COSTA** NORBERTO PACHECO Street Address Street Address 8 SAN JOSE DRIVE 163 BRADFORD STREET City State Zip City State ZipBRISTOL RI 02809 RI 02809 BRISTOL 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Director Name NORBERTO PACHECO **ANTONIO MATOS** Street Address Street Address 163 BRADFORD STREET 37 WALL STREET State Zip State Z(p)City 02809 RI 02809 **BRISTOL** RI **BRISTOL** Director Name Director Name **ZEFENINO COSTA** Street Address Street Address 8 SAN JOSE DRIVE

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

City

File Date FILED
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State

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9. REGISTERED AGENT IN RHODE ISLAND

City

BRISTOL

Zip

02809

Under penalty of perjury, I declare and affirm t	
report, including any accompanying schedules ar	d statements, and that all
statements contained herein are true and correct.	
- Artonio Statos	10-31-009
Signature of Officer	Date
Printor Type Name of Officer	
Print or Type Name of Officer	
Aresidest.	
Title of Officer	Form 631 Rev. 09/17

State

Zip