



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>515375</b>		2. Exact name of the Corporation <b>Total Fitness Clubs, Inc.</b>			
3. Principal office address <b>207 Swansea Mall Drive</b>		City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	
4. Business Phone No. <b>(401) 254-0333</b>		5. State of Incorporation <b>Massachusetts</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Management company for health clubs and related facilities.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Geoffrey Morin</b>		Vice-President Name <b>Michael Morin</b>			
Street Address <b>c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.</b>		Street Address <b>c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.</b>			
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
Secretary Name <b>Geoffrey Morin</b>		Treasurer Name <b>Michael Morin</b>			
Street Address <b>c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.</b>		Street Address <b>c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.</b>			
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Geffrey Morin</b>		Director Name <b>Michael Morin</b>			
Street Address <b>c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.</b>		Street Address <b>c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.</b>			
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
Director Name <b>None</b>		Director Name <b>None</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
66.66		Common		No Par Value	

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**FEB 04 2015**

**BY** 21927

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.

Signature of Authorized Representative

**Geoffrey Morin, President**

Print or Type Name of Authorized Representative

Date 1/26/15