



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. 515375		2. Exact name of the Corporation Total Fitness Clubs, Inc.			
3. Principal office address 207 Swansea Mall Drive		City Swansea	State MA	Zip 02777	
4. Business Phone No. (401) 254-0333		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Management company for health clubs and related facilities.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Geoffrey Morin			Vice-President Name Michael Morin		
Street Address c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.			Street Address c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
Secretary Name Geoffrey Morin			Treasurer Name Michael Morin		
Street Address c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.			Street Address c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Geoffrey Morin			Director Name Michael Morin		
Street Address c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.			Street Address c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
Director Name None			Director Name None		
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 _____

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]
 Signature of Authorized Representative

1/26/15
 Date

Geoffrey Morin, President

Print or Type Name of Authorized Representative