

Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filling Period: January 1 - March 1 • Filling Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(codd)) is

subject to a penalty fee of \$25		·	·			
1. Corporate ID No. 44344	2. Name of Co Body Foo				•	
3. Street Address Principal Bi 685 Warren Avenue				<i>Ζφ</i> 02914		
4. Business Phone No. 434-5887				· · · · · · · · · · · · · · · · · · ·		
6. Brief Description of the Ch To engage in the oper	aracter of Business Condition of a physical	ficted in Rhode Island fitness, health and exercise b	usiness		70.0	
7. NAMES AND ADDR President Name	ESSES OF THE OF	FICERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	G ATTACHMENTS	
Lana Leone			Vice President Name Lana Leone			
Street Address 7 Hills Parkway			Street Address			
City	State	Ζip	7 Hills Parkway	l g		
Narragansett	RÍ	02882	Narragansett	State R1	^{Ζφ} 02882	
Secretary Name Lana Leone				Treasurer Name Lana Leone		
treet Address 7 Hills Parkway		Street Address 7 Hills Parkway				
_{Ctry} Narragansett	State RI	^{Zip} 02882	Cury Narragansett	Siate RI	<i>Z</i> φ 02882	
8. NAMES AND ADDRI Director Name Lana Leone	ESSES OF THE DIR	ECTORS: ("X"BOX FOR AT	ACHMENT) FILL II Director Name	Y SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address	irreet Address			Sireel Address		
Same as above						
City	Siate	Zip	City	State	Zip	
Director Name			Director Name			
treet Address			Street Address			
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZI	ED		The state of the s	("X" BOX FOR ATTAC TION MUST BE COMPLETED	oran a material works as 💳 teacher and the section is a finite section of	
This information is curr	rently of record in t	he Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require instruction sheet.	tate. Changes require an additional filing. See Section 9 of		200	common	no par	
			THIS SEC	TION MUST DE 3	4.14	
This report must be executive report must be executive.	cuted on behalf of th	he corporation by an authorize e corporation by the receiver of	d representative. If the corr trustee.	orporation is in the hand	s of a receiver or trustee.	

	FILED	Under penalty of perjury, I declare and affirm the	at I have examined this report,
File Date	FEB 0 5 2015	including any accompanying schedules and state contained herein are true and correct.	ements, and that all statements $1/2 \times 1/2 \times 1/$
Check No.	8118	Signature	Date
Ву		Lana Leone Print or Type Name President	
FOR SECRETARY OF STATE USE ONLY		Title	