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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.	2. Exact name of the Corporation
35258	**Pro Health, Inc.**

3. Principal office address	City	State	Zip
500 Glen Hill Drive	**Saunderstown**	**RI**	**02874**

4. Business Phone No.	5. State of Incorporation
401 294-4781	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Fitness and Wellness Management Company

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Susan M. Coppa-Collins	**None**
Street Address: **500 Glen Hill Drive**	Street Address:
City: **Saunderstown** State: **RI** Zip: **02874**	City: State: Zip:
Secretary Name: **None**	Treasurer Name: **Susan Coppa-Collins**
Street Address:	Street Address: **500 Glen Hill Drive**
City: State: Zip:	City: **Saunderstown** State: **RI** Zip: **02874**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name	Director Name
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	No Par Value	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 17 2015
1240

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 — Date: 02/05/2015

Susan M. Coppa-Collins
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
117191-63-1016840