



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. 129704		2. Exact name of the Corporation SALLY FITNESS, INC.			
3. Principal office address 1000 Division Street			City East Greenwich	State RI	Zip 02818
4. Business Phone No. (401) 722-6600		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO OWN, MANAGE AND OPERATE A PHYSICAL FITNESS FACILITY.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name BARRY H. FIELD			Vice-President Name NONE.		
Street Address 38 Tremlett Street			Street Address		
City Dorchester	State MA	Zip 02124	City	State	Zip
Secretary Name MICHAEL J. FIELD			Treasurer Name MARLA E. DIRECTOR		
Street Address 529 Shippeetown Road			Street Address 42 Oakwood Road		
City East Greenwich	State RI	Zip 02818	City Newtonville	State MA	Zip 02160
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name BARRY H. FIELD			Director Name MARLA E. DIRECTOR		
Street Address 38 Tremlett Street			Street Address 42 Oakwood Road		
City Dorchester	State MA	Zip 02124	City Newtonville	State MA	Zip 02160
Director Name MICHAEL J. FIELD			Director Name		
Street Address 529 Shippeetown Road			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
9. SHARES AUTHORIZED 600; Common; No Par Value			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
			100	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 _____

MAR 18 2015

Check No _____

By: _____

BY 3043

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.

Barry H. Field 3/16/15
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

BARRY H. FIELD
 Print or Type Name of Authorized Representative