



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. 70768		2. Exact name of the Corporation KBS Health & Fitness, Inc.					
3. Principal office address 31 Shove St.		City Tiverton	State RI	Zip 02878			
4. Business Phone No. 401-624-3440		5. State of Incorporation Rhode Island.					
6. Brief description of the character of business conducted in Rhode Island Fitness Center							
<b>7. OFFICERS</b>							
President Name Brian Dupere		Vice-President Name Brian Dupere					
Street Address 4230 Main Rd.		Street Address same					
City Tiverton	State RI	Zip 02878	City	State	Zip		
Secretary Name Brian Dupere		Treasurer Name Brian Dupere					
Street Address same		Street Address same					
City	State	Zip	City	State	Zip		
<b>8. LIST ALL DIRECTORS NAMES AND ADDRESSES IN BOX FOR AGENT</b>							
Director Name Brian Dupere		Director Name					
Street Address same		Street Address					
City	State	Zip	City	State	Zip		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
<b>9. SHARES AUTHORIZED</b>					<b>10. SHARES ISSUED</b>		
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 1000	CLASS/SERIES Common	PAR VALUE None

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

FILED

Check No.

By

MAR 18 2015

FOR SECRETARY OF STATE USE ONLY

BY

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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

Print or Type Name of Authorized Representative