



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 | | | | | | | |
| 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 | |
| 8. LIST ALL DIRECTORS, MANAGERS AND ADDRESS CHANGES (SEE INSTRUCTIONS) | | | | | | | |
| 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 | |
| 9. SHARES AUTHORIZED | | | | 10. SHARES ISSUED | | | |
| 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: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY
FILED
MAR 18 2015
BY 7134

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: Brian Dupere
 Date: 3/15/15
 Print or Type Name of Authorized Representative: Brian Dupere