



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. 22223		2. Exact name of the Corporation The Club Body Center of Providence, Inc.			
3. Principal office address 257 Weybosset Street		City Providence	State RI	Zip 02903	
4. Business Phone No. 401-274-0298		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island To own and operate a health club.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steven V. Stoyanoff			Vice-President Name Roberto Ortiz		
Street Address 257 Weybosset Street			Street Address 257 Weybosset Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Francis Mount			Treasurer Name Steven V. Stoyanoff		
Street Address 257 Weybosset Street			Street Address 257 Weybosset Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Steven V. Stoyanoff			Director Name Roberto Ortiz		
Street Address 257 Weybosset Street			Street Address 257 Weybosset Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Francis Mount			Director Name		
Street Address 257 Weybosset Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
9. SHARES AUTHORIZED			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 _____

Check No _____

By: _____

FILED

SEP 03 2015

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

FOR SECRETARY OF STATE USE ONLY

BY 613401579-0

Steven V. Stoyanoff, President

Print or Type Name of Authorized Representative