



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 2016

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. 120396		2. Exact name of the Corporation Bristol Total Fitness, Inc.			
3. Principal office address c/o Swansea Total Fitness, 207 Swansea Mall Drive			City Swansea	State MA	Zip 02777
4. Business Phone No. (401) 254-3900		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To own, manage and operate a health and fitness facility					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael W. Morin			Vice-President Name Geoffrey C. Morin		
Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive			Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
Secretary Name Michael W. Morin			Treasurer Name Michael W. Morin		
Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive			Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael W. Morin			Director Name Geoffrey C. Morin		
Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive			Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
Director Name Elizabeth B. Morin			Director Name None		
Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive			Street Address		
City Swansea	State MA	Zip 02777	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
			600	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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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]

Signature of Authorized Representative

1/20/16

Date

Michael W. Morin, President

Print or Type Name of Authorized Representative