



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. 1048260		2. Exact name of the Corporation 102 FITNESS STUDIO, INC		
3. Principal office address 167 Fairfield Drive		City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-371-2890		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Fitness Studio				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Melissa L. Escobar		Vice-President Name Melissa L. Escobar		
Street Address 167 Fairfield Drive		Street Address 167 Fairfield Drive		
City North Kingstown	State	Zip 02852	City North Kingstown	State RI
Secretary Name Melissa L. Escobar		Treasurer Name Melissa L. Escobar		
Street Address 167 Fairfield Drive		Street Address 167 Fairfield Drive		
City North Kingstown	State	Zip 02852	City North Kingstown	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Melissa L. Escobar		Director Name		
Street Address 167 Fairfield Drive		Street Address		
City North Kingstown	State	Zip 02852	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

Melissa L. Escobar
 Signature of Authorized Representative

1/18/2016
 Date

Melissa L. Escobar, President

Print or Type Name of Authorized Representative

FEB 18 2016
 RV KL 10048