



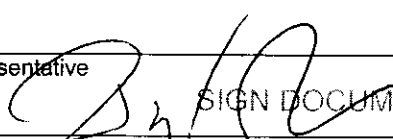
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 546582		2. Exact name of the Corporation ShapeUp, Inc.			
3. Principal Office Address 2711 Centerville Rd Suite 400		City Wilmington	State DE	Zip 19808	
4. Business Phone Number (401)680-5934		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Providing employee health programs powered by an electronic social network.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Christopher Boyce		Vice-President Name			
Street Address 492 Old Connecticut Path Ste. 601		Street Address			
City Framingham	State MA	Zip 01701	City	State	Zip
Secretary Name Derek Ransom		Treasurer Name Derek Ransom			
Street Address 492 Old Connecticut Path Ste. 601		Street Address 492 Old Connecticut Path Ste. 601			
City Framingham	State MA	Zip 01701	City Framingham	State MA	Zip 01701
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Derek Ransom		Director Name Anika Agarwal			
Street Address 492 Old Connecticut Path Ste. 601		Street Address 492 Old Connecticut Path Ste. 601			
City Framingham	State MA	Zip 01701	City Framingham	State MA	Zip 01701
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1,000	Common	\$0.001	
11. 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. 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.					
Name of Authorized Representative Derek Ransom				Date April 5, 2006	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

FILED

APR 22 2016