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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	2. Exact name of the Corporation
546582	ShapeUp, Inc.

3. Principal Office Address	City	State	Zip
2711 Centerville Rd Suite 400	Wilmington	DE	19808

4. Business Phone Number	5. State of Incorporation
(401)680-5934	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	Vice-President Name
Christopher Boyce	
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	Director Name
Derek Ransom	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	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	Date
Derek Ransom	April 5, 2006

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
APR 22 2016
BY 4071

Form No. 630
Revised: 2016
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