RI SOS Filing Number: 201733691750 Date: 02/06/2017 4:00 PM

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

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FEB 0 6 2017

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

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.	2. Exact name of the Corporation		
135039	**South County Holdings, Inc.**		
3. Principal office address: **55 Village Square Drive**	City: **Wakefield**	State: **RI**	Zip: **02879**
4. Business Phone No.	5. State of Incorporation: **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island: **To own, operate and maintain an exercise, health and fitness center and gymnasium**			

President Name: **Michael Petrella**			Vice-President Name		
Street Address: **55 Village Square Drive**			Street Address		
City: **Wakefield**	State: **RI**	Zip: **02879**	City	State	Zip
Secretary Name: **Michael Petrella**			Treasurer Name: **Michael Petrella**		
Street Address: **55 Village Square Drive**			Street Address: **55 Village Square Drive**		
City: **Wakefield**	State: **RI**	Zip: **02879**	City: **Wakefield**	State: **RI**	Zip: **02879**

Director Name: **Michael Petrella**			Director Name		
Street Address: **Same as above**			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	200	Common	No Par

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.

[redacted]

Signature of Authorized Representative — Date: 2-12-17

Michael Petrella
Print or Type Name of Authorized Representative

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Form No. 630
Revised: 01/2012

148995-8-1187519