RI SOS Filing Number: 201734961960 Date: 2/27/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2. Exact name of the Corporation							
139060	Rhode Island Trainer, Inc.							
3. Principal Office Address			City		State Zip			
232 Waseca Avenue, Suite A			Barrington	1	RI	02806		
4. NAICS Code	6. Brief desc	ription of the charae	cter of business	conducted in Rhode I	sland			
71 - Arts, Entertainment, and R	To engage in the business of providing personal fitness training.							
5. State of Incorporation	1							
RI								
7. List ALL officers (names and add	dresses)				the box to	indicate an attachment		
President Name Douglas J. Perron	Vice-President Name							
Street Address 232 Waseca Avenu	Street Address							
City Barrington	State RI	Zip 02806	City		State	Zip		
Secretary Name Valerie J. Perron	Treasurer Name Douglas J. Perron							
Street Address 232 Waseca Avenue, Suite A			Street Address 232 Waseca Avenue, Suite A					
City Barrington	State RI	^{Zip} 02806	City Barrington		State RI	^{Zip} 02806		
8. List ALL directors (names and ac	ddresses)		1=	Check	the box to	indicate an attachment		
Director Name Douglas J. Perron			Director Name None					
Street Address 232 Waseca Avenue, Suite A			Street Address					
City Barrington	State RI	^{Zip} 02806	City		State	Zip		
Director Name			Director Name					
Street Address			Street Addres	S				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	ued	Check	Check the box to indicate an attachment			
This information is currently of record in the		NUMBER O			CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		100		Common		NO PAR VALUE		
11. This report must be executed or trustee, this report must be execute					ration is in	the hands of a receiver or		
Under penalty of perjury, I declar	e and affirm t	that I have examin	ed this report, i		npanying s	chedules and		
statements, and that all statemer Name of Authorized Representative		nerem are true an	u correct.		Date			
Douglas J. Perron, President						2/21/17		
Signature of Authorized Representa	Her	A = 2 1	FILEC)		· · · · · · · · · · · · · · · · · · ·		
		u	FED 97 20)17				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 487 A.A.