



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.

1. Entity ID Number 515375		2. Exact name of the Corporation Total Fitness Clubs, Inc.			
3. Principal Office Address 207 Swansea Mall Drive			City Swansea	State MA	Zip 02777
4. NAICS Code 55 - Management of Companies	6. Brief description of the character of business conducted in Rhode Island Management company for health clubs and related facilities.				
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Geoffrey Morin			Vice-President Name Michael Morin		
Street Address c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.			Street Address c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
Secretary Name Geoffrey Morin			Treasurer Name Michael Morin		
Street Address c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.			Street Address c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Geoffrey Morin			Director Name Michael Morin		
Street Address c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.			Street Address c/o Total Fitness Clubs, Inc., 207 Swansea Mall Dr.		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			66.66	COMMON	No Par Value
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 Geoffrey Morin					Date
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FEB 27 2017

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FORM 630 - Revised: 10/2016