



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 59442		2. Exact name of the Corporation AMERICAN HEALTH FITNESS CENTER OF WEST WARWICK, INC.												
3. Principal Office Address 555 Quaker Lane			City West Warwick	State RI	Zip 02893									
4. NAICS Code 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island Health club												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Tammy Whitehead			Vice-President Name Tammy Whitehead											
Street Address P.O. Box 556			Street Address P.O. Box 556											
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852									
Secretary Name Tammy Whitehead			Treasurer Name Tammy Whitehead											
Street Address P.O. Box 556			Street Address P.O. Box 556											
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Tammy Whitehead			Director Name											
Street Address P.O. Box 556			Street Address											
City North Kingstown	State RI	Zip 02852	City	State	Zip									
Director Name			Director Name											
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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	No												
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 Tammy Whitehead					Date 2/20/17									
Signature of Authorized Representative 														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 03 2017

102079