



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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			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

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