



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 <u>794200</u>		2. Exact name of the Corporation <u>T. Chan Fitness, Inc.</u>	
3. Principal Office Address <u>1639 Warwick Ave</u>		City <u>Warwick</u>	State <u>R.I</u>
		Zip <u>02889</u>	
4. NAICS Code <u>81</u>	6. Brief description of the character of business conducted in Rhode Island <u>Fitness and Health</u>		
5. State of Incorporation <u>R.I</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Thearith Chan</u>		Vice-President Name <u>NONE</u>	
Street Address <u>1639 Warwick Ave.</u>		Street Address	
City <u>Warwick</u>	State <u>R.I</u>	Zip <u>02889</u>	
Secretary Name <u>Thearith Chan</u>		Treasurer Name <u>Thearith Chan</u>	
Street Address <u>1639 Warwick Ave.</u>		Street Address <u>1639 Warwick Ave.</u>	
City <u>Warwick</u>	State <u>R.I</u>	Zip <u>02889</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Thearith Chan</u>		Director Name <u>NONE</u>	
Street Address <u>1639 Warwick Ave.</u>		Street Address	
City <u>Warwick</u>	State <u>R.I</u>	Zip <u>02889</u>	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
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"/>			
NUMBER OF SHARES <u>1000</u>		CLASS/SERIES <u>common stock</u>	
		PAR VALUE <u>\$1</u>	
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 <u>Thearith Chan</u>		Date <u>2/28/17</u>	
Signature of Authorized Representative <u>[Signature]</u>			

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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