RI SOS Filing Number: 201857086960 Date: 1/29/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State – Business Services Division

ANNUAL REPORT FOR THE YEAR 2018

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 Corporate ID No.	2 Name of Corporation
484427	AA Fitness, Corp.

3 Street Address Principal Business Office	City	State	Zip
145 Elmgrove Ave.	Providence	RI	02906

4 NAICS Code	5 State of Incorporation
713940	Rhode Island

6 Brief Description of the Character of Business Conducted in Rhode Island
to operate and conduct a fitness and health center, any and all other lawful purposes

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Aaron M. Atwood	Robert C. Atwood
Street Address: 145 Elmgrove Ave.	Street Address: 145 Elmgrove Ave.
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906
Secretary Name: Aaron M. Atwood	Treasurer Name: Robert C. Atwood
Street Address: 145 Elmgrove Ave.	Street Address: 145 Elmgrove Ave.
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED: *("X" BOX FOR ATTACHMENT)* ☐

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED: *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
1,000 shares common stock of $.01 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.

Signature: [signature] Date: 1/26/18

Aaron M. Atwood
Print or Type Name

President
Title

FILED

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

JAN 29 2018
BY 405905

Form 630 - Revised: 10/2016