



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. <b>484427</b>		2. Name of Corporation <b>AA Fitness, Corp.</b>		
3. Street Address Principal Business Office <b>145 Elmgrove Ave.</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>713940</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island <b>to operate and conduct a fitness and health center, any and all other lawful purposes</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Aaron M. Atwood</b>		Vice President Name <b>Robert C. Atwood</b>		
Street Address <b>145 Elmgrove Ave.</b>		Street Address <b>145 Elmgrove Ave.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>
Secretary Name <b>Aaron M. Atwood</b>	Treasurer Name <b>Robert C. Atwood</b>			Zip <b>02906</b>
Street Address <b>145 Elmgrove Ave.</b>		Street Address <b>145 Elmgrove Ave.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
		Number of Shares	Class Series	Par Value
		<b>1,000 shares common stock of \$.01 par value</b>		

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

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](http://www.sos RI.gov)

**JAN 29 2018**  
 BY **4059AS**