



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. Entity ID Number <b>120396</b>		2. Exact name of the Corporation <b>Bristol Total Fitness, Inc.</b>			
3. Principal Office Address <b>c/o Swansea Total Fitness, 207 Swansea Mall Drive</b>			City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
4. NAICS Code <b>713940</b>		6. Brief description of the character of business conducted in Rhode Island <b>To own, manage and operate a health and fitness facility</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Michael W. Morin</b>			Vice-President Name <b>Geoffrey C. Morin</b>		
Street Address <b>c/o Swansea Total Fitness, 207 Swansea Mall Drive</b>			Street Address <b>c/o Swansea Total Fitness, 207 Swansea Mall Drive</b>		
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
Secretary Name <b>Michael W. Morin</b>			Treasurer Name <b>Michael W. Morin</b>		
Street Address <b>c/o Swansea Total Fitness, 207 Swansea Mall Drive</b>			Street Address <b>c/o Swansea Total Fitness, 207 Swansea Mall Drive</b>		
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Michael W. Morin</b>			Director Name <b>Geoffrey C. Morin</b>		
Street Address <b>c/o Swansea Total Fitness, 207 Swansea Mall Drive</b>			Street Address <b>c/o Swansea Total Fitness, 207 Swansea Mall Drive</b>		
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
Director Name <b>Elizabeth B. Morin</b>			Director Name <b>None</b>		
Street Address <b>c/o Swansea Total Fitness, 207 Swansea Mall Drive</b>			Street Address		
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <b>600</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No 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.					
Name of Authorized Representative <b>Geoffrey C. Morin</b>					Date <b>2/15/18</b>
Signature of Authorized Representative 					

MAR 05 2018

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