



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 120396		2. Exact name of the Corporation Bristol Total Fitness, Inc.												
3. Principal Office Address c/o Swansea Total Fitness, 207 Swansea Mall Drive			City Swansea	State MA	Zip 02777									
4. NAICS Code 713940		6. Brief description of the character of business conducted in Rhode Island To own, manage and operate a health and fitness facility												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Michael W. Morin			Vice-President Name Geoffrey C. Morin											
Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive			Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive											
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777									
Secretary Name Michael W. Morin			Treasurer Name Michael W. Morin											
Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive			Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive											
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Michael W. Morin			Director Name Geoffrey C. Morin											
Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive			Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive											
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777									
Director Name Elizabeth B. Morin			Director Name None											
Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive			Street Address											
City Swansea	State MA	Zip 02777	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.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">600</td> <td style="text-align:center;">Common</td> <td style="text-align:center;">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	Common	No Par Value			
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600	Common	No 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.														
Name of Authorized Representative Geoffrey C. Morin					Date 2/15/18									
Signature of Authorized Representative 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

MAR 05 2018

BY

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FORM 630 - Revised: 10/2017