



State of Rhode Island and Providence Plantations

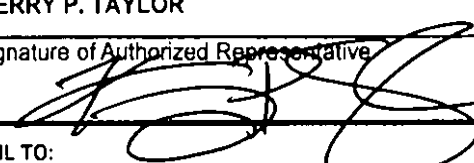
Department of State - Business Services Division

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 791798		2. Exact name of the Corporation 212 HEALTH AND PERFORMANCE CORP.												
3. Principal Office Address 20 NEWMAN AVENUE, SUITE 2002		City RUMFORD		State RI	Zip 02916									
4. NAICS Code 713940		6. Brief description of the character of business conducted in Rhode Island FITNESS FACILITY - PERSONAL TRAINING FACILITY												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name KERRY P. TAYLOR			Vice-President Name											
Street Address 40 CARPENTER STREET			Street Address											
City CUMBERLAND	State RI	Zip 02864	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
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 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 ☐												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td align="center">0</td><td align="center">0</td><td align="center">0</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0	0	0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
0	0	0												
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 KERRY P. TAYLOR					Date 9/18/18									
Signature of Authorized Representative 														

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

SEP 21 2018

BY

1340

FORM 630 - Revised: 10/2017