



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 DEC 20 AM 9:23

1. Entity ID Number 1666443		2. Exact name of the Corporation POWERR FITNESS OF NEW ENGLAND CORPORATION			
3. Principal Office Address 1 NEW INDUSTRIAL ROAD, UNIT #3			City WARREN	State RI	Zip 02885
4. NAICS Code 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island FITNESS CENTER			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT Q READ			Vice-President Name AMANDA M READ		
Street Address 267 PLAIN STREET			Street Address 267 PLAIN STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Secretary Name AMANDA M READ			Treasurer Name ROBERT Q READ		
Street Address 267 PLAIN STREET			Street Address 267 PLAIN STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT Q READ			Director Name AMANDA M READ		
Street Address 267 PLAIN STREET			Street Address 267 PLAIN STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 ROBERT Q READ					Date 12/20/18
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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

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BY **FILED**
FORM 630 - Revised: 10/2016