



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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
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
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
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
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/GRIDS	
		PAR VALUE	
		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. <i>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.</i>			
Name of Authorized Representative Geoffrey C. Morin, Vice President		Date 1/17/19	
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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