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	2. Exact name of the Corporation			
135039	**South County Holdings, Inc.**			
3. Principal Office Address		City	State	Zip
55 Village Square Drive		**Wakefield**	**RI**	**02879**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
713940	**To own, operate and maintain an exercise, health and fitness center and gymnasium.**			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Michael Petrella**			Vice-President Name		
Street Address **55 Village Square Drive**			Street Address		
City **Wakefield**	State **RI**	Zip **02879**	City	State	Zip
Secretary Name **Michael Petrella**			Treasurer Name **Michael Petrella**		
Street Address **55 Village Square Drive**			Street Address **55 Village Square Drive**		
City **Wakefield**	State **RI**	Zip **02879**	City **Wakefield**	State **RI**	Zip **02879**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Michael Petrella**			Director Name		
Street Address **55 Village Square Drive**			Street Address		
City **Wakefield**	State **RI**	Zip **02879**	City	State	Zip
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**200**	**Common**	**No Par**
Changes require an additional filing.			

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.

FILED
MAR 08 2019
BY 7726 DS

Name of Authorized Representative	Date
Michael Petrella	2-26-19
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

FORM 630 - Revised: 10/2017