



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: 2019  
 Corporation

2019 MAR 20 PM 3:07

- 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 <b>70768</b>		2. Exact name of the Corporation <b>KRS Health &amp; Fitness, Inc.</b>	
3. Principal Office Address <b>31 Shore St.</b>		City <b>Tiverton</b>	State <b>RI</b>
4. NAICS Code <b>713940</b>		6. Brief description of the character of business conducted in Rhode Island <b>Fitness Center</b>	
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Brian Dupere</b>		Vice-President Name <b>Brian Dupere</b>	
Street Address <b>4230 Main Rd.</b>		Street Address <b>same</b>	
City <b>Tiverton</b>	State <b>RI</b>	City	State
Zip <b>02878</b>		Zip	
Secretary Name <b>Brian Dupere</b>		Treasurer Name <b>Brian Dupere</b>	
Street Address <b>same</b>		Street Address <b>same</b>	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Brian Dupere</b>		Director Name	
Street Address <b>same</b>		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<b>1000</b>	<b>Common</b>
			<b>No Par</b>
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. <b>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.</b>			
Name of Authorized Representative <b>Brian Dupere</b>		Date <b>3/11/19</b>	
Signature of Authorized Representative 		<b>FILED</b> <b>MAR 20 2019</b> <b>BY [Signature]</b>	

MAIL TO:  
 Division of Business Services  
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