



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

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BUS SVCS DIV

2019 SEP 26 A 10:38

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 000697229		2. Exact name of the Corporation ATHLETICON INC			
3. Principal Office Address 309 GREENWICH AVE APTC215		City WARWICK		State RI	Zip 0286
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island ATHLETIC SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NICHOLAS A DUCLOS			Vice-President Name NICHOLAS A DUCLOS		
Street Address 309 GREENWICH AVE C 215			Street Address 309 GREENWICH AVE C 215		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name NICHOLAS A DUCLOS			Treasurer Name NICHOLAS A DUCLOS		
Street Address 309 GREENWICH AVE C 215			Street Address 309 GREENWICH AVE C215		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NICHOLAS A DUCLOS			Director Name		
Street Address 309 GREENWICH AVE C215			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 10000000	CLASS/SERIES	PAR VALUE 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 Nicholas A Duclos				Date 7-23-19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

SEP 26 2019

BY 6WR7A

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