



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE.  
BUS SVCS DIVAnnual Report for the year: **2017**  
Corporation

2019 SEP 26 A 10:38

- 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>000697229</b>			2. Exact name of the Corporation <b>ATHLETICON INC</b>		
3. Principal Office Address <b>309 GREENWICH AVE APT C215</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>812990</b>		6. Brief description of the character of business conducted in Rhode Island <b>ATHLETIC SERVICES</b>			
5. State of Incorporation <b>RI</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>NICHOLAS W DUCLOS</b>			Vice-President Name <b>NICHOLAS A DUCLOS</b>		
Street Address <b>309 GREENWICH AVE C 215</b>			Street Address <b>309 GREENWICH AVE C 215</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>NICHOLAS A DUCLOS</b>			Treasurer Name <b>NICHOLAS A DUCLOS</b>		
Street Address <b>309 GREENWICH AVE C 215</b>			Street Address <b>309 GREENWICH AVE C215</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
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>NICHOLAS W DUCLOS</b>			Director Name		
Street Address <b>309 GREENWICH AVE C215</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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/SERIALS		
			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 <b>Nicholas A Duclos</b>				Date <b>7-23-19</b>	
Signature of Authorized Representative 				SIGN DOCUMENT: <b>FILED</b>	

SEP 26 2019  
 10:41  
 6WR7A