



RI SOS Filing Number: 201921449480 Date: 9/26/2019 10:40:00 AM

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: **2016**
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 000697229		2. Exact name of the Corporation ATHLETICON INC			
3. Principal Office Address 309 GREENWICH AVE APTC215			City WARWICK	State RI	Zip 02886
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					
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/SERIES
			10000000		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 					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

SEP 26 2019
BY 10:40

FORM 630 - Revised: 10/2017