



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

FILED

FEB 10 2020

BY 10512

Annual Report for the year: 2020
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 515375		2. Exact name of the Corporation Total Fitness Clubs, Inc.			
3. Principal Office Address 360 Faunce Corner Road - Box 13			City North Dartmouth	State MA	Zip 02747
4. NAICS Code 541618		6. Brief description of the character of business conducted in Rhode Island Management company for health clubs and related facilities.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Geoffrey Morin			Vice-President Name Michael Morin		
Street Address 360 Faunce Corner Road - Box 13			Street Address 360 Faunce Corner Road - Box 13		
City North Dartmouth	State MA	Zip 02747	City North Dartmouth	State MA	Zip 02747
Secretary Name Geoffrey Morin			Treasurer Name Michael Morin		
Street Address 360 Faunce Corner Road - Box 13			Street Address 360 Faunce Corner Road - Box 13		
City North Dartmouth	State MA	Zip 02747	City North Dartmouth	State MA	Zip 02747
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Geoffrey Morin			Director Name Michael Morin		
Street Address 360 Faunce Corner Road - Box 13			Street Address 360 Faunce Corner Road - Box 13		
City North Dartmouth	State MA	Zip 02747	City North Dartmouth	State MA	Zip 02747
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 607		CLASS/SERIES Common
					PAR VALUE No Par Value
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 Geoffrey Morin				Date 1/22/20	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov