Filing Fee: \$50.00

ID Number: <u>70768</u>



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

RECEN CORPORATION P 9 11 51

FICTITIOUS BUSINESS NAME STATEMENT (To Be Filed In Duplicate)

	(To Be Filed In Duplicate)
Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement or authority to transact business in the state of Rhode Island under a fictitious business name:	
1.	The legal name of the applicant business corporation, limited liability company or limited partnership is: + R5 + HealTh & Fitness, Inc.
2.	The fictitious business name to be used is Atlantic Health & Fitness Center
3.	The state or territory under the laws of which it is incorporated, organized or formed is Ringle To law
4.	The date of incorporation, organization or formation is $\frac{1/5/93}{}$
5.	If a business corporation, the address of its registered office within Rhode Island is 16 Partham Lane Tiverton, RT 02878
6.	If a business corporation, the business in which it is engaged
7.	Applicant is otherwise authorized to do business in the state of Rhode Island.
Dat	Under penalty of perjury, I declare that the information contained herein is true and correct. te: 4844 SFT165 TW. Name of Applicant Corporation, Limited Liability Company or Limited Partnership
	By Signature of Officer for the Corporation Title
	FILED or
	SEP 0 9 2004 By Signature of Authorized Person for the Limited Liability Company
	By m43975
	By Signature of Authorized Person for the Limited Partnership