



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 04 2021

BY

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1. Entity ID Number 120396		2. Exact name of the Corporation Bristol Total Fitness, Inc.												
3. Principal Office Address c/o Total Fitness Clubs, Inc., 360 Faunce Corner Road - Box 13			City North Dartmouth		State MA									
					Zip 02747									
4. NAICS Code 713940		6. Brief description of the character of business conducted in Rhode Island To own, manage and operate a health and fitness facility												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Michael W. Morin			Vice-President Name Geoffrey C. Morin											
Street Address c/o Total Fitness Clubs, 360 Faunce Corner Rd, Box 13			Street Address c/o Total Fitness Clubs, 360 Faunce Corner Rd, Box 13											
City North Dartmouth	State MA	Zip 02747	City North Dartmouth	State MA	Zip 02747									
Secretary Name Michael W. Morin			Treasurer Name Michael W. Morin											
Street Address c/o Total Fitness Clubs, 360 Faunce Road Rd, Box 13			Street Address c/o Total Fitness Clubs, 360 Faunce Corner Rd, 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 ☐														
Director Name Michael W. Morin			Director Name Geoffrey C. Morin											
Street Address c/o Total Fitness Clubs, 360 Faunce Corner Rd, Box 13			Street Address c/o Total Fitness Clubs, 360 Faunce Corner Rd, Box 13											
City North Dartmouth	State MA	Zip 02747	City North Dartmouth	State MA	Zip 02747									
Director Name Elizabeth B. Morin			Director Name None											
Street Address c/o Total Fitness Clubs, 360 Faunce Corner Rd, Box 13			Street Address											
City North Dartmouth	State MA	Zip 02747	City	State	Zip									
9. Shares Authorized 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 ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	Common	No Par Value			
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600	Common	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 Michael W. Morin					Date 1/14/21									
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020