



State of Rhode Island

Department of State - Business Services Division

FILED

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.

MAR 01 2021
BY 8798
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1. Entity ID Number <u>70768</u>		2. Exact name of the Corporation <u>KBS Health & Fitness, Inc.</u>	
3. Principal Office Address <u>31 Shore St.</u>		City <u>Tiverton</u>	State <u>RI</u>
4. NAICS Code <u>713940</u>		6. Brief description of the character of business conducted in Rhode Island <u>Fitness Center</u>	
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Brian Dupere</u>		Vice-President Name <u>Brian Dupere</u>	
Street Address <u>4230 Main Rd.</u>		Street Address <u>same</u>	
City <u>Tiverton</u>	State <u>RI</u>	City <u>Tiverton</u>	State <u>RI</u>
Zip <u>02878</u>		Zip <u>02878</u>	
Secretary Name <u>Brian Dupere</u>		Treasurer Name <u>Brian Dupere</u>	
Street Address <u>same</u>		Street Address <u>same</u>	
City <u>Tiverton</u>	State <u>RI</u>	City <u>Tiverton</u>	State <u>RI</u>
Zip <u>02878</u>		Zip <u>02878</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>Brian Dupere</u>		Director Name <u>Brian Dupere</u>	
Street Address <u>same</u>		Street Address <u>same</u>	
City <u>Tiverton</u>	State <u>RI</u>	City <u>Tiverton</u>	State <u>RI</u>
Zip <u>02878</u>		Zip <u>02878</u>	
Director Name <u>Brian Dupere</u>		Director Name <u>Brian Dupere</u>	
Street Address <u>same</u>		Street Address <u>same</u>	
City <u>Tiverton</u>	State <u>RI</u>	City <u>Tiverton</u>	State <u>RI</u>
Zip <u>02878</u>		Zip <u>02878</u>	
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 ☐	
		NUMBER OF SHARES <u>1000</u>	CLASS/SERIES <u>Common</u>
			PAR VALUE <u>No Par</u>
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 <u>Brian Dupere</u>		Date <u>1/26/21</u>	
Signature of Authorized Representative <u>Brian Dupere</u>			

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020