



Department of State - Business Services Division

STATE

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.

| | | | | | |
|--|-------------|--|-------------------------------------|------------------|--|
| 1. Entity ID Number 139060 | | 2. Exact name of the Corporation Rhode Island Trainer, Inc. | | | |
| 3. Principal Office Address 96 Walnut Road | | | City Barrington | State RI | Zip 02806 |
| 4. NAICS Code 621399 | | 6. Brief description of the character of business conducted in Rhode Island To engage in the business of promoting health and wellness. | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Douglas J. Perron | | | Vice-President Name | | |
| Street Address 96 Walnut Road | | | Street Address | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip |
| Secretary Name Valerie J. Perron | | | Treasurer Name Douglas J. Perron | | |
| Street Address 96 Walnut Road | | | Street Address 96 Walnut Road | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 100 | | 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. <i>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.</i> | | | | | |
| Name of Authorized Representative Douglas J. Perron, President | | | | Date 3/2/2021 | |
| Signature of Authorized Representative | | | | FILED | |

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 BUSINESS SERVICES DIVISION

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