



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 31 2023

BY 1820

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1. Entity ID Number 791798		2. Exact name of the Corporation 212 HEALTH AND PERFORMANCE CORP.			
3. Principal Office Address 20 NEWMAN AVENUE, SUITE 2002			City RUMFORD	State RI	Zip 02916
4. NAICS Code 713940		6. Brief description of the character of business conducted in Rhode Island FITNESS FACILITY - PERSONAL TRAINING FACILITY			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name KERRY P. TAYLOR			Vice-President Name		
Street Address 20 Newman Avenue, Suite2002			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	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.					
<b>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.</b>					
Name of Authorized Representative KERRY P. TAYLOR				Date 1 / 25 / 2023	
Signature of Authorized Representative 					

MAIL TO:  
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