



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001764923

2. Name of Corporation MindFit

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624190

4. Principal Office Address

No. and Street: 30 WEBB STREET

City or Town: CRANSTON

State: RI

Zip: 02921

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

ABOUT MINDFIT: OUR PRIMARY GOAL IS TO FOSTER BALANCE AND WELL-BEING IN THE LIVES OF EVERY INDIVIDUAL WHO UTILIZES THE SERVICES WE OFFER, ADDRESSING THEIR PHYSICAL, MENTAL, AND EMOTIONAL NEEDS.

VISION: OUR VISION IS TO ESTABLISH MINDFIT AS A RENOWNED AND INCLUSIVE COMMUNITY DEDICATED TO OFFERING UNWAVERING SUPPORT AND A SECURE

HAVEN FOR
INDIVIDUALS TO EMBRACE THEIR TRUE SELVES, EXPRESS THEIR THOUGHTS
FREELY,
AND EMBARK ON A JOURNEY OF RECOVERY. AS A NON-PROFIT ORGANIZATION,
MINDFIT
IS COMMITTED TO ENABLING RECOVERY BY PROVIDING COMPREHENSIVE AND
COST-FREE
SERVICES. WE COLLABORATE WITH LOCAL GYMS TO CREATE A WARM AND
INVITING
ATMOSPHERE, OFFERING A DIVERSE RANGE OF FITNESS CLASSES AND
PERSONALIZED
COACHING. THESE ACTIVITIES ARE FOLLOWED BY NON-DENOMINATIONAL
GROUP SUPPORT
SESSIONS AND RECOVERY MEETINGS. OUR AIM IS TO FOSTER BOTH PHYSICAL
AND
EMOTIONAL BONDING AMONG OUR MEMBERS THROUGH ENGAGING
WORKOUTS AND
MEANINGFUL INTERACTIONS DURING MEETINGS. AT MINDFIT, WE STRIVE TO
ERADICATE
THE STIGMA SURROUNDING MENTAL HEALTH, ENSURING THAT EVERY
INDIVIDUAL IS
EMBRACED AND WELCOMED WITH OPEN ARMS.

DIVERSITY AND INCLUSION: THE OFFICERS, DIRECTORS, COMMITTEE MEMBERS,
EMPLOYEES, AND INDIVIDUALS SERVED BY THIS ORGANIZATION SHALL BE
SELECTED
SOLELY ON THE BASIS OF MERIT AND QUALIFICATIONS, WITHOUT ANY FORM OF
DISCRIMINATION BASED ON AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN,
SEXUAL
ORIENTATION, OR ANY OTHER LEGALLY PROTECTED CATEGORY OR STATUS.
MINDFIT IS
COMMITTED TO MAINTAINING A POLICY OF EQUAL OPPORTUNITY AND NON-
DISCRIMINATION, ENSURING THAT NO INDIVIDUAL IS TREATED UNFAIRLY OR
UNFAVORABLY BASED ON THEIR RACE, CREED, ANCESTRY, MARITAL STATUS,
GENDER,
SEXUAL ORIENTATION, AGE, PHYSICAL DISABILITY, VETERAN'S STATUS,
POLITICAL
SERVICE OR AFFILIATION, COLOR, RELIGION, NATIONAL ORIGIN, OR ANY OTHER
PROTECTED CATEGORY OR STATUS AS DEFINED BY THE LAW.

MINDFIT SERVICES GYM: MINDFIT IS DEDICATED TO EMPOWERING INDIVIDUALS
BY
PROMOTING HEALTHY HABITS, MINDFULNESS, AND ACCOUNTABILITY IN THE
FACE OF
PERSONAL CHALLENGES. WE FIRMLY BELIEVE THAT EXERCISE, COMMITMENT,
AND

REPETITION ARE THE KEYS TO ACHIEVING THESE GOALS. BY LEVERAGING PHYSICAL ACTIVITY AND WELLNESS, MINDFIT ASSISTS MEMBERS IN REDISCOVERING THEIR TRUE IDENTITIES. AS RESEARCH INDICATES, INDIVIDUALS GRAPPLING WITH MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS ARE PARTICULARLY SUSCEPTIBLE TO PHYSICAL HEALTH ISSUES. CONSEQUENTLY, WE ARE COMMITTED TO PROVIDING ASSISTANCE IN THIS REGARD.

THERAPY: MINDFIT RECOGNIZES THE PROFOUND IMPACT OF LIFE'S TRAUMAS AND BELIEVES THAT PERSONALIZED THERAPY PLAYS A CRUCIAL ROLE IN THE JOURNEY TO RECOVERY. WE ARE COMMITTED TO PROVIDING A SECURE AND CONFIDENTIAL HAVEN FOR INDIVIDUALS SEEKING A THERAPEUTIC SETTING TO DELVE INTO THEIR THOUGHTS, EMOTIONS, AND LIFE EXPERIENCES. IN ADDITION TO OUR 60-MINUTE SUPPORT MEETINGS, WE AIM TO OFFER A NURTURING ENVIRONMENT FOR ONE-ON-ONE THERAPY SESSIONS, FACILITATING PROFOUND HEALING AND PERSONAL GROWTH. GROUP SUPPORT: MINDFIT, IN COLLABORATION WITH IRONCLAD FITNESS CENTER, WARMLY WELCOMES INDIVIDUALS GRAPPLING WITH MENTAL HEALTH ISSUES, ADDICTION, OR LIFE TRAUMAS TO OUR EMPOWERING AND TRANSFORMATIVE WEEKLY GROUP SUPPORT MEETINGS.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| INCORPORATOR | DAVID WARD-SMITH | 51 JOB STREET PROVIDENCE, RI 02904 USA |
| DIRECTOR | DAVID WARD-SMITH | 103 PASTURE VIEW LANE CRANSTON, RI 02921 USA |
| DIRECTOR | AMANDA WARD-SMITH | 103 PASTURE VIEW LANE CRANSTON, RI 02921 USA |
| DIRECTOR | JOHN GRAZIANO | 64 ALBERT AVENUE CRANSTON, RI 02905 USA |

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|----------|--------------------|--|
| DIRECTOR | LEAH HOUSTON | 114 PASTURE VIEW LANE CRANSTON, RI 02921 USA |
| DIRECTOR | ANA URENA | 51 JOB STREET PROVIDENCE, RI 02904 USA |
| DIRECTOR | ANTHONY WARD-SMITH | 8 ALPINE ESTATES DRIVE CRANSTON, RI 02921 USA |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DAVID WARD-SMITH 30 WEBB STREET CRANSTON , RI 02921

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 23 Day of April, 2024 at 5:08:11 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DAVID WARD-SMITH
Signature of Authorized Person

Form No. 631
Revised 09/07

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