



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECD RI005 BSD
24 MAY 1 PM 3:35:49

1. Entity ID Number 001740740		2. Exact name of the Corporation Ethos Performance Group, Inc.	
3. Principal Office Address 53 Venturi Avenue		City Warwick	State RI
		Zip 02888	
4. NAICS Code 812990	6. Brief description of the character of business conducted in Rhode Island Fitness training		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Wayne A. Gray		Vice-President Name Timothy D. Swenson	
Street Address 10 Carpenter Street		Street Address 30 Prospect Street	
City Warwick	State RI	City Millbury	State MA
Zip 02886		Zip 01527	
Secretary Name Timothy D. Swenson		Treasurer Name Wayne A. Gray	
Street Address 30 Prospect Street		Street Address 10 Carpenter Street	
City Millbury	State MA	City Warwick	State RI
Zip 01527		Zip 02886	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
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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 Wayne A. Gray, President			Date 4/29/2024
Signature of Authorized Representative <i>Wayne A. Gray</i>			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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