

REC'D RIDOS BSD  
24 MAY 1 PM 3:35:45State 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.

1. Entity ID Number 001746688		2. Exact name of the Corporation Ethos Performance Training, 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		
Street Address 10 Carpenter Street			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Wayne A. Gray			Treasurer Name Wayne A. Gray		
Street Address 10 Carpenter Street			Street Address 10 Carpenter Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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		CLASS/SERIES	PAR VALUE
Changes require an additional filing.		100	Common	\$ .01	
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			FILED	Date 4/29/2024	
Signature of Authorized Representative 			MAY 01 2024 124		