



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation _____

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- 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 1725500		2. Exact name of the Corporation IRV FIT PERSONAL TRAINING CORP.			
3. Principal Office Address 180 MIDWAY RD		City CRANSTON		State RI	Zip 02920
4. NAICS Code 713940		6. Brief description of the character of business conducted in Rhode Island PERSONAL TRAINING FITNESS STUDIO AND GYM			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name RYAN IRVING			Vice-President Name MICHAEL FALCON		
Street Address 38 BRIDGTON RD			Street Address 19 CLUBHOUSE WAY		
City CRANSTON	State RI	Zip 02910	City REHOBOTH	State MA	Zip 02769
Secretary Name RYAN IRVING			Treasurer Name MICHAEL FALCON		
Street Address 38 BRIDGTON RD			Street Address 19 CLUBHOUSE WAY		
City CRANSTON	State RI	Zip 02910	City REHOBOTH	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name RYAN IRVING			Director Name		
Street Address 38 BRIDGTON RD			Street Address		
City CRANSTON	State RI	Zip 02910	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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100,000		COMMON	1.00
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 MICHAEL FALCON					Date 05/21/2024
Signature of Authorized Representative 					

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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