



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FIELD

JAN 30 2025

BY

10615

1. Entity ID Number 515375		2. Exact name of the Corporation Total Fitness Clubs, Inc.	
3. Principal Office Address 360 Faunce Corner Road, Box 13		City North Dartmouth	State MA
		Zip 02747	
4. NAICS Code 541618	6. Brief description of the character of business conducted in Rhode Island Management company for health clubs and related facilities		
5. State of Incorporation MASSACHUSETTS			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Geoffrey Morin		Vice-President Name Michael Morin	
Street Address 360 Faunce Corner Road, Box 13		Street Address 360 Faunce Corner Road, Box 13	
City North Dartmouth	State MA	City North Dartmouth	State MA
Zip 02747		Zip 02747	
Secretary Name Geoffrey Morin		Treasurer Name Michael Morin	
Street Address 360 Faunce Corner Road, Box 13		Street Address 360 Faunce Corner Road, Box 13	
City North Dartmouth	State MA	City North Dartmouth	State MA
Zip 02747		Zip 02747	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Geoffrey Morin		Director Name Michael Morin	
Street Address 360 Faunce Corner Road, Box 13		Street Address 360 Faunce Corner Road, Box 13	
City North Dartmouth	State MA	City North Dartmouth	State MA
Zip 02747		Zip 02747	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES	CLASS/SERIES
		66.66	Common
			No 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. 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 Geoffrey Morin		Date 1/22/25	
Signature of Authorized Representative 			

MAIL TO

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021