RI SOS Filing Number: 202565015130 Date: 2/12/2025 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division						FILEDAMP		
Annual Report for the year:	2025					i		
Corporation ————————————————————————————————————								
→ Filing Fee: \$50.00								
Penalty: Additional \$25.00 fee if form is not filed by May 31.  1. Entity ID Number  2. Exact name of the Corporation								
794200	T. Chan Fitness, INC							
				City State Zip				
1639 Warwick Ave			Warwi	ck	RI		02889	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
812990 5. State of Incorporation	Fitness and Health							
RI								
7 List ALL officers (names and addresses)  Check the how to indicate an attachment								
President Name Thearith Chan				Vice-President Name NONE				
Street Address 1639 Warwick Ave				Street Address				
City Warwick	State RI	<sup>Z<sub>ip</sub></sup> 02889	City				Zıp	
Secretary Name NONE				Treasurer Name Thearith Chan				
Street Address				Street Address 1639 Warwick Ave				
City	State	<i>7</i> ір	City War	State RI		<sup>Zio</sup> 02889		
8. List ALL directors (names and addresses)  Check the box to indicate an attachment   Director Name  Director Name								
Thearith Chan			NONE					
Street Address 1639 Warwick Ave Street Address								
<sup>City</sup> Warwick	State RI	<sup>Zıp</sup> 02889	City		State		Zıp	
Oirector Name NONE			Director Name NONE					
Street Address				Street Address				
City	Siate	Zip	City		State		Zip	
Shares Authorized This information is currently of record in the		10. Shares Issued			Check the box to indicate an attachment C.ASS/SERIES PAR VALUE			
Department of State.  Changes require an additional filing.		1000	INNES	Common Stock 1.00		PAR VALUE		
				OSTIMOTA GROCK	. O.OON		_	
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						Date		
Thearith Chan					2/6/2025			
Signature of Authorized Representative								
Thean Chan								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov