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.

STAMP

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1. Entity ID Number	2. Exact name of the Corporation
135039	South County Holdings, Inc.

3. Principal Office Address	City	State	Zip
55 Village Square Drive	Wakefield	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
713940	To own, operate and maintain an exercise, health and fitness center and gymnasium
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Michael Petrella	
Street Address: 55 Village Square Drive	Street Address
City: Wakefield / State: RI / Zip: 02879	City / State / Zip
Secretary Name: Michael Petrella	Treasurer Name: Michael Petrella
Street Address: 55 Village Square Drive	Street Address: 55 Village Square Drive
City: Wakefield / State: RI / Zip: 02879	City: Wakefield / State: RI / Zip: 02879

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Michael Petrella	
Street Address: 55 Village Square Drive	Street Address
City: Wakefield / State: RI / Zip: 02879	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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	Common	No Par

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
Michael Petrella	5-1-25
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

MAY 28 2025
BY 107163 AA

FORM 630 - Revised: 2/2023