



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RI SOS BSD
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1. Entity ID Number <u>001778778</u>		2. Exact name of the Corporation <u>Strength 2 You</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>nonprofit to help people w/fitness and nutrition</u>			
4. NAICS Code <u>713940</u>					
6. Principal Office Address <u>335 HARTFORD AVE</u>			City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Joel Gilbert</u>			Vice-President Name		
Street Address <u>335 Hartford Ave</u>			Street Address		
City <u>PVD</u>	State <u>RI</u>	Zip <u>02909</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>MATTHEW COGSWELL</u>			Director Name <u>Joel Gilbert</u>		
Street Address <u>204 Vinton St</u>			Street Address <u>335 Hartford Ave</u>		
City <u>Manchester</u>	State <u>NH</u>	Zip <u>03103</u>	City <u>PVD</u>	State <u>RI</u>	Zip <u>02909</u>
Director Name <u>Brian Johnson</u>			Director Name		
Street Address <u>2607 Colonial Ave</u>			Street Address		
City <u>Norfolk</u>	State <u>VA</u>	Zip <u>23517</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative 					Date <u>9/12/25</u>
Signature of Officer/Authorized Representative <u>Joel Gilbert</u>					

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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FORM 631- Revised 12/2023



BY KMK/GD