

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the Corporation			
000796692		FITNESS BROKERS USA INC.			
3. Principal office address			City	State	Zip
222 Jefferson Blvd, Ste 200			Warwick	RI	02888
4. Business Phone No.			5. State of Incorporation		
508-543-2073			MA		
6. Brief description of the character of business conducted in Rhode Island					
Fitness Equipment Sales					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name			Vice-President Name		
JOSEPH GULINO			Joseph Gulino		
Street Address			Street Address		
11 GREENBRIER ROAD			65 Green Street, Ste 2		
City	State	Zip	City	State	Zip
GREENVILLE	RI	02828	FOXBORO	MA	02035
Secretary Name			Treasurer Name		
Joseph Gulino			Joseph Gulino		
Street Address			Street Address		
65 Green Street, Ste 2			65 Green Street, Ste 2		
City	State	Zip	City	State	Zip
FOXBORO	MA	02035	FOXBORO	MA	02035
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name			Director Name		
James Sullivan			JAMES SULLIVAN		
Street Address			Street Address		
65 Green Street, Ste 2			5 Pondview Ave		
City	State	Zip	City	State	Zip
FOXBORO	MA	02035	Medfield	MA	02052
Director Name			Director Name		
Joseph Gulino					
Street Address			Street Address		
65 Green Street, Ste 2					
City	State	Zip	City	State	Zip
FOXBORO	MA	02035			
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
				CNP	

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
 Revised: 01/2012

**FILED**

**MAR 18 2015**

**BY** 12287

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.

Signature of Authorized Representative

Date

**James Sullivan**

Print or Type Name of Authorized Representative