



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 45867		2. Exact name of the Corporation Fitness Associates, Inc.			
3. Principal Office Address 87 Brookridge Drive			City Exeter	State RI	Zip 02822
4. NAICS Code 81 - Other Services (except I		6. Brief description of the character of business conducted in Rhode Island Equipment sales and consulting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. Rae			Vice-President Name Lisa K. Rae		
Street Address 87 Brookridge Drive			Street Address 87 Brookridge Drive		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Lisa K. Rae			Treasurer Name Robert A. Rae		
Street Address 87 Brookridge Drive			Street Address 87 Brookridge Drive		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert A. Rae			Director Name Lisa K. Rae		
Street Address 87 Brookridge Drive			Street Address 87 Brookridge Drive		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100	A	Without
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 <i>Robert A. Rae</i>					Date <i>2-17-17</i>
Signature of Authorized Representative <i>[Signature]</i>					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040

MAR 01 2017

BY 297258

KM