



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

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:** 2017

Filing period: January 1 - March 1

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

1. Entity ID Number <b>110977</b>		2. Exact name of the Corporation <b>Fitco Inc.</b>	
3. Principal Office Address <b>205 Main st.</b>		City <b>East Greenwich</b>	State <b>R.I.</b>
		Zip <b>02818</b>	
4. Business Phone Number <b>401 8867411</b>		5. State of Incorporation <b>R.I.</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Private Gym and Nutrition Center</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Anthony Ianiero</b>		Vice-President Name	
Street Address <b>205 Main St.</b>		Street Address	
City <b>East Greenwich</b>	State <b>R.I.</b>	Zip <b>02818</b>	
Secretary Name <b>Anthony Ianiero</b>		Treasurer Name	
Street Address <b>205 Main St.</b>		Street Address	
City <b>East Greenwich</b>	State <b>R.I.</b>	Zip <b>02818</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Anthony Ianiero</b>		Director Name	
Street Address <b>205 Main St.</b>		Street Address	
City <b>East Greenwich</b>	State <b>R.I.</b>	Zip <b>02818</b>	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<b>100%</b>	
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. <i>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.</i>			
Name of Authorized Representative <b>Anthony Ianiero</b>		Date <b>3/1/17</b>	
Signature of Authorized Representative <i>Anthony Ianiero</i> <b>3/1/17</b>			

**FILED**

**MAR 13 2017**

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