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BUS SVCS DIV



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

2020 MAR 16 P 2:12

Annual Report for the year: 2019
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 <u>154592</u> | | 2. Exact name of the Corporation <u>FITNESS PARTNERS INC.</u> | | | |
| 3. Principal Office Address <u>101 PLEASANT VIEW RD.</u> | | City <u>WARWICK</u> | State <u>RI</u> | Zip <u>02888</u> | |
| 4. NAICS Code <u>713940</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>PERSONAL TRAINING SERVICES</u> | | | |
| 5. State of Incorporation <u>RI</u> | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name <u>MAT GABLIANO</u> | | | Vice-President Name | | |
| Street Address <u>101 PLEASANT VIEW RD.</u> | | | Street Address | | |
| City <u>WARWICK</u> | State <u>RI</u> | Zip <u>02888</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) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | <u>400</u> | | | <u>0</u> |
| 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 <u>MATHEW GABLIANO</u> | | | | | Date <u>3/16/20</u> |
| Signature of Authorized Representative <u>MATHEW GABLIANO</u> | | | | | 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

MAR 16 2020
BY CU S3MOG
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