



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

Annual Report for the year: 2021
Corporation

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

RECEIVED STAMP
 R.I. DEPT. OF STATE
 BUS SVCS DIV
FOR SECRETARY OF STATE USE ONLY

2021 FEB -2 A 2:43

1. Entity ID Number 001690100		2. Exact name of the Corporation F T Barrington, Inc.			
3. Principal Office Address 334 County Road, Suite A			City Barrington	State RI	Zip 02806
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Fitness			
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 Allison M. Faria			Vice-President Name		
Street Address 248 Mauran Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Allison M. Faria			Treasurer Name Allison M. Faria		
Street Address 248 Mauran Avenue			Street Address 248 Mauran Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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 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	Common	\$1.00
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 Allison M. Faria					Date 1/25/2021
Signature of Authorized Representative 					SIGN DOCUMENT HERE 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

FEB 02 2021
 BY Dr. C. 3970