



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
4 JUN 3 PM 12:16:08

Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001702991		2. Exact name of the Corporation RiteFit, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Recruitment, staffing and job placement.			
4 NAICS Code 561311					
6. Principal Office Address 100 East Avenue		City Pawtucket		State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Zack Mezera			Vice-President Name Cristina Amedeo		
Street Address 84 Isabella Avenue			Street Address 33 Lane #1		
City Providence	State RI	Zip 02908	City Warwick	State RI	Zip 02888
Secretary Name Patricia Martinez			Treasurer Name James Burdick		
Street Address 142 Oakland Avenue			Street Address 77 Gray Street		
City Pawtucket	State RI	Zip 02861	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Zack Mezera			Director Name Cristina Amedeo		
Street Address 84 Isabella Avenue			Street Address 33 Lane #1		
City Providence	State RI	Zip 02908	City Warwick	State RI	Zip 02888
Director Name Patricia Martinez			Director Name James Burdick		
Street Address 142 Oakland Avenue			Street Address 77 Gray Street		
City Pawtucket	State RI	Zip 02861	City Warwick	State RI	Zip 02889
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Craig Baker				Date 5/31/2024	
Signature of Officer/Authorized Representative 					

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

FILED 1216
JUN - 3 2024
BY 1027

Additional Director

Craig Baker
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Attleboro, MA 02703