



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
(401) 222-3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(2)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |       |                                                                                                                     |                |                    |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------|----------------|--------------------|---------------------|
| 1. ID No.<br><b>312954</b>                                                                                                                                                                                    |       | 2. Exact name of the limited liability company<br><b>Diesel Fitness, LLC</b>                                        |                |                    |                     |
| 3. State of Formation<br><b>RI</b>                                                                                                                                                                            |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Fitness</b> |                |                    |                     |
| 5. Principal office address<br><b>10 Oak Hill Ave</b>                                                                                                                                                         |       | City<br><b>Pawtucket</b>                                                                                            |                | State<br><b>RI</b> | Zip<br><b>02860</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                     |                |                    |                     |
| Contact Name<br><b>Kristen O'Donoghue</b>                                                                                                                                                                     |       |                                                                                                                     | Contact Title  |                    |                     |
| Street Address<br><b>601 Upper Loudon Rd</b>                                                                                                                                                                  |       | City<br><b>Loudonville</b>                                                                                          |                | State<br><b>NY</b> | Zip<br><b>12211</b> |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                     |                |                    |                     |
| Manager Name                                                                                                                                                                                                  |       |                                                                                                                     | Manager Name   |                    |                     |
| Street Address                                                                                                                                                                                                |       |                                                                                                                     | Street Address |                    |                     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                 | City           | State              | Zip                 |
| Manager Name                                                                                                                                                                                                  |       |                                                                                                                     | Manager Name   |                    |                     |
| Street Address                                                                                                                                                                                                |       |                                                                                                                     | Street Address |                    |                     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                 | City           | State              | Zip                 |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                   |       |                                                                                                                     |                |                    |                     |

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SECRETARY OF STATE  
CORPORATIONS DIV  
2011 FEB - 7 AM 10:43

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

File Date **FEB 07 2011**

Check No. **W 136622 10:43**

By **BY**

FOR SECRETARY OF STATE USE ONLY

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.

**Kristen O'Donoghue** 2-3-11  
Signature of Authorized Person Date  
**Kristen O'Donoghue**  
Print or Type Name of Authorized Person