



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2011**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000504520</b>		2. Exact name of the limited liability company <b>KTRAIN LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>HEALTH AND FITNESS GYM FACILITY</b>			
5. Principal office address <b>20 NEWMAN AVENUE, SUITE 2002</b>		City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>KERRY TAYLOR</b>		Contact Title <b>OWNER</b>			
Street Address <b>20 NEWMAN AVENUE, SUITE 2002</b>		City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> . ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <del><b>KERRY TAYLOR</b></del>		Manager Name			
Street Address <del><b>20 NEWMAN AVENUE, SUITE 2002</b></del>		Street Address			
City <del><b>RUMFORD</b></del>	State <del><b>RI</b></del>	Zip <del><b>02916</b></del>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2012 MAY 22 AM 11:05  
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 CORPORATIONS DIV

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File Date \_\_\_\_\_

Check No \_\_\_\_\_

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.

*[Signature]*

Signature of Authorized Person

Date

**KERRY TAYLOR**

Print or Type Name of Authorized Person