



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*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&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2012

**1. ID No.** 000702418

**2. Exact Name of the Limited Liability Company** Exert Fitness LLC

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Fitness service, nutritional product support

**5. Principal Office Address**

No. and Street: 20 NEWMAN AVE., #1307

City or Town: RUMFORD

State: RI

Zip: 02916

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: SCOTT THOMAS WELCH Contact Title: MANAGER

No. and Street: 20 NEWMAN AVE

#1307

City or Town: RUMFORD

State: RI

Zip: 02916

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | SCOTT WELCH                                    | 20 NEWMAN AVE., #1307<br>RUMFORD, RI 02916 USA             |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 25 Day of October, 2012 at 3:10:26 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By INCORP SERVICES, INC.  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2012 State of Rhode Island and Providence Plantations  
All Rights Reserved