

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

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. 258883	2. Exact n	2. Exact name of the limited liability company RD FITNESS LLC							
3. State of Formation	4. Brief de	Brief description of the character of business conducted in Rhode Island FITNESS GYM							
5. Principal office address 2 ROSEWOOD DRIV			City GREENVILLE	State RI	Zip 02828				
6 MAILING ADDRESS OF	IMREDILIABIL	AGNAYKKEM©©YAL	AMBORTUTULE OPERATORIUM	REON					
ROBIN J DILAZZARO			Contact Title MANAGER						
Street Address 2 ROSEWOOD DRIVE			City GREENVILLE	State RI	Zip 02828				
	IAMES AND ADI ENT). □ LZ	ORESSES)(OPTHELL	MITED L'ABILITY COMPANY, IF	APPLICABLE DO	a N Óia Gairmeine	iers			
Manager Name ROBIN J DILAZZARO			Manager Name						
Street Address 2 ROSEWOOD DRIVE			Street Address			SECR DOR			
City GREENVILLE	State R.I.	Zip 02828	City	State	Zip 🕏	PROR.			
Manager Name			Manager Name						
Street Address			Street Address 22						
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DRESIDENIFAGENIFINIAHO	DE ISLAND								
This information is currently	of record in the	Office of the Secreta	ary of State. Changes require fill	na Form 642					

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Form No. 632 Revised: 01/2012 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 of Authorized Person Lour

01/08/2014

Date

ROBIN J DILAZZARO

Print or Type Name of Authorized Person