



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 2015

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. <u>544126</u>		2. Exact name of the limited liability company <u>OCEAN STATE FUNCTIONAL FITNESS LLC</u>			
3. State of Formation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>PERSONAL PHYSICAL FITNESS TRAINING FACILITY</u>			
5. Principal office address <u>41 WEBB ST</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>AARON MEREDITH</u>		Contact Title <u>MANAGER</u>			
Street Address <u>41 WEBB ST</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>AARON MEREDITH</u>		Manager Name			
Street Address <u>41 WEBB ST</u>		Street Address			
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City	State	Zip
Manager Name <u>MATTHEW CHILLERIE</u>		Manager Name			
Street Address <u>10 ANTHONY RD APT D</u>		Street Address			
City <u>NEW LONDON</u>	State <u>CT</u>	Zip <u>06320</u>	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
2016 JAN 15 PM 3:58

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By 265462

A.A. 4:01 P.M.

File Date _____

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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

15 JAN 16
Date

AARON MEREDITH
Print or Type Name of Authorized Person