



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. 700852		2. Exact name of the limited liability company SMITTY ATF, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO OPERATE FITNESS GYMS	
5. Principal office address 3 THOMAS LANE		City HOPE VALLEY	State RI
		Zip 02832	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALEX LAVALLEE		Contact Title MEMBER	
Street Address 3 THOMAS LANE		City HOPE VALLEY	State RI
		Zip 02832	
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		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			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

MAR 23 2016

By 270059

A.A. 9:52 A.M.

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

ALEX LAVALLEE - MEMBER

Print or Type Name of Authorized Person

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 MAR 23 AM 9:50

File Date _____

Check No _____

By: _____

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