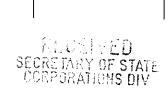


State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



2016, JUN -6 PM 3: 02,

Limited Liability Comp Filing period: September 1	November 1		_ 			
Filing Fee: \$50.00 *FAILUR				SULT IN A \$25.00	PENALTY FEE.	
1. Entity ID Number	2. Exact n	2. Exact name of the Limited Liability Company				
000793430	SanShou	SanShou Fighting & Fitness, LLC				
3. State of Formation	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
Ri	Martial Arts	Martial Arts/Fitness Center				
5. Principal Office Address			City	State	Zip	
324D Waterman Ave			East Providence	RI	02914	
6. Mailing Address of Limited L	iability Compa	any and Name or T	itle of Contact Person			
Contact Name Bart Axelrod			Contact Title Member			
Street Address 9 Sachem Rd.			City Barrington	State RI	^{Zip} 02806	
7. List ALL managers (names	and addresse	s) of the Limited Lia	ability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Nam			Manager Namε			
Street Addres			Street Address			
City	Str*	· · · · · · · · · · · · · · · · · · ·	Cit .	State	2	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>	<u>_</u>	Che	ck the box to indica	te an attachment	
8. Resident Agent in Rhode Isla	and This inform	ation is currently of re				
Under penalty of perjury, I de statements, and that all state	clare and aff	irm that I have exa	amined this report, including			
Name of Authorized Person				Date		
Bart Axelrod				6/4/2016		
Signature of Authorized Person	Red	2 SIGN D	OCUMENT			

FILED

JUN 06 2016

Form No. 632 Revised: 2016