

Annual Report for the year: 2012 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 551288 2. Exact name of the Limited Liability Company MOMENTUM FITNESS, LLC 3. State of Formation RHODE ISLAND 4. Brief description of the character of business conducted in Rhode Island HEALTH AND FITNESS CENTER 5. Principal Office Address 5. Principal Office Address 7. PROVIDENCE 8. Rit 02903 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name ROBERT DALY Street Address 11 KENSINGTON RD 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Manager Name Street Address City State Zip City State Zip City State Zip City State Zip Check the box to indicate an attachment 8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642. 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. Name of Authorized Person ROBERT DALY Signature of Authorized Person ROBERT DALY	<u> </u>			,			
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ROBERT DALY 8/18/16 Signature of Authorized Person	Under penalty of perjury, I statements, and that all sta	declare and aff tements conta	irm that I have ex ined herein are to	xamined this report, including rue and correct.	any accompanyin	g schedules and	
Signature of Authorized Person	Name of Authorized Person						
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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