

Department of State - Business Services Division Annual Report for the year: 2015 **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						
000488359	Ellis Fitn	Ellis Fitness & Coaching, LLC				
3. State of Formation	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Athlete o	Athlete coaching and athletic training				
5. Principal Office Address			City	State	Zip	
25 Keller Ave			Cranston	RI	02920	
6. Mailing Address of Limite	ed Liability Comp	any and Name o	r Title of Contact Person			
Contact Name Matthew Ellis			Contact Title Member			
Street Address 25 Keller Ave			City Cranston	State RI	^{Zip} 02920	
7. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
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	
				Check the box to i	ndicate an attachment	
8. Resident Agent in Rhode	Island. This inform	nation is currently	of record in the Department of State	. Changes require filing	Form 642.	
Under penalty of perjury, statements, and that all st			examined this report, includin true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person Matthew M Ellis				Date 8-4-16		
Signature of Authorized Per	son	1 gigaji	DOCUMENTURE,	\sim		

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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