S	tate of Rhode Island and P Office of the Secre		DNS Fee: \$50.00
	Division Of Busin 148 W. River	~~ ~~ ~~ ~~ ~~ ~~	
Providence RI 02904-2615 (401) 222-3040			
HOPE	(401) 222 .	0+0	
Limited Liability Com	pany		
Annual Report			
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability co in thirty (30) days after the time pre penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2016</u>		
1. ID No. <u>000536041</u>			
2. Exact Name of the Limited Liability Company Pla-Fit Health, LLC			
3. State of Formation			
State: <u>NH</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code		6	01
		<u>0</u>	<u>81</u>
4. Brief Description of th	e Character of the Business Wh	ch is Actually Conduct	ed in Rhode Island
TO OWN AND OPERA	TE A HEALTH CLUB		
5. Principal Office Addre	SS		
No. and Street: 26 FOX RUN ROAD			
	WINGTON State:	<u>NH</u> Zip: <u>03801</u>	Country: USA
6. Mailing Address of Lin	nited Liability Company and Na	ne or Title of Contact F	Person:
Contact Name: Contact			
	OX RUN ROAD		0
City or Town: <u>NEV</u>	/INGTON State:	<u>NH</u> Zip: <u>03801</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Ado	lress
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country
MANAGER	CHRISTOPHER RONDEAU		X RUN ROAD NH 03801 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of September, 2016 at 4:25:27 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CHRISTOPHER RONDEAU

Signature of Authorized Person

Form No. 632 Revised 09/07

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