Sta	ate of Rhode Island and P Office of the Secre		NS Fee: \$50.00
	Division Of Busine	ss Services	
	148 W. River		
	Providence RI 02		
HOPE	(401) 222-3	040	
Limited Liability Comp	any		
Annual Report			
Filing Period: September 1 -	November 1		
	-16-66(d), each limited liability co		
	thirty (30) days after the time pres	scribed by law (R.I.G.L. 7-	
16-66(b&c)) is subject to a pe	enaity lee of \$25.00.		
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>000869880</u>			
2. Exact Name of the Limited Liability Company Gym Source USA LLC			
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
Using the following NAICS of	codes, please select the code that	best describes your busir	ness.
	codes, please select the code that	best describes your busin	ness.
Using the following NAICS of NAICS Code	codes, please select the code that	best describes your busin	ness. <u>81</u>
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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 28 Day of September, 2016 at 1:33:54 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 <u>KELLY LETTMANN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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