s s	tate of Rhode Island and Pro Office of the Secreta		ns Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	treet 04-2615	
Limited Liability Com Annual Report Filing Period: September 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2016			
1. ID No. 000745855			
2. Exact Name of the Limited Liability Company Body Soul, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code		6	<u>81</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
BODY SOUL PERSONAL TRAINING IS A COMPANY THAT PROVIDES ONE ON ONE OR SMALL GROUP PERSONAL TRAINING. THIS COMPANY IS MOBIL AND CAN GO TO THE CLIENT.			
5. Principal Office Addre	SS		
	<u>WATERMAN STREET</u> I <u>BERLAND</u> Sta	ate: <u>RI</u> Zip: <u>02864</u>	Country: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact Pe	erson:
No. and Street: 115 V	NGEAU Contact Title: VATERMAN STREET BERLAND Sta	te: <u>RI</u> Zip: <u>02864</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	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country

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

MICHELLE D. BAKER, ESQ. 1420 MENDON ROAD CUMBERLAND, RI 02864

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

Signed this 12 Day of October, 2016 at 1:26:54 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>LISA MONGEAU</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved