

State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2016  
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<br><u>1338314</u>                                                                                                                                                                |       | 2. Exact name of the Limited Liability Company<br><u>SPA Fitness LLC</u>                                  |                           |                           |                     |
| 3. NAICS Code<br><u>71</u>                                                                                                                                                                           |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>fitness instruction</u> |                           |                           |                     |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |       |                                                                                                           |                           |                           |                     |
| 6. Principal Office Address<br><u>42 Bayside Avenue</u>                                                                                                                                              |       | City<br><u>Portsmouth</u>                                                                                 |                           | State<br><u>RI</u>        | Zip<br><u>02871</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                           |                           |                           |                     |
| Contact Name<br><u>Sally A. Poole</u>                                                                                                                                                                |       |                                                                                                           | Contact Title             |                           |                     |
| Street Address<br><u>42 Bayside Avenue</u>                                                                                                                                                           |       |                                                                                                           | City<br><u>Portsmouth</u> | State<br><u>RI</u>        | Zip<br><u>02871</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST 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 indicate an attachment <input type="checkbox"/>                                                                                                                                     |       |                                                                                                           |                           |                           |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with 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<br><u>Sally A. Poole</u>                                                                                                                                                   |       |                                                                                                           |                           | Date<br><u>10/25/2016</u> |                     |
| Signature of Authorized Person<br><u>Sally A. Poole</u>                                                                                                                                              |       |                                                                                                           |                           |                           |                     |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
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FILED

OCT 27 2016

By

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