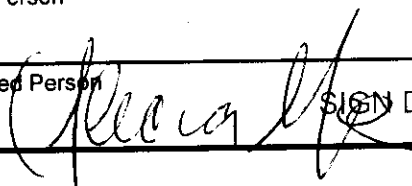




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 788618		2. Exact name of the Limited Liability Company FULL RANGE FITNESS, LLC			
3. NAICS Code 71 - Arts, Entertainment, and		4. Brief description of the character of business conducted in Rhode Island GYM			
5. State of Formation RI					
6. Principal Office Address 859 N. MAIN STREET SUITE 3		City PROVIDENCE		State RI	Zip 02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ALECIA MOLANO		Contact Title RESIDENT AGENT			
Street Address 1 RINGGOLD ST		City PROVIDENCE		State RI	Zip 02903
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 ☐					
9. I am the 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 ALECIA MOLANO				Date 10/18/16	
Signature of Authorized Person  SIGN DOCUMENT HERE					

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

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