| s s | atate of Rhode Island and Pr Office of the Secret | | ns Fee: \$50.00 |
|---|---|------------------------------------|------------------------------|
| | Division Of Busines | ss Services | |
| | 148 W. River 3 | | |
| | Providence RI 029 (401) 222-30 | | |
| HOPE | (401) 222-30 | J40 | |
| Limited Liability Com | pany | | |
| Annual Report Filing Period: September 1 | - November 1 | | |
| | 7-16-66(d), each limited liability con | | |
| to file its annual report with 16-66(b&c)) is subject to a | in thirty (30) days after the time pres penalty fee of \$25.00 | cribed by law (R.I.G.L. 7- | |
| ANNUAL REPORT YEAR: | | | |
| 1. ID No. <u>000798032</u> | <u></u> | | |
| 2. Exact Name of the Limited Liability Company <u>FITNESS FUSION LLC</u> | | | |
| 3. State of Formation | | | |
| State: RI | | | |
| | | | |
| | ARTICLE III | | |
| Using the following NAICS | codes, please select the code that | best describes your busi | ness. |
| NAICS Code | | | 0.1 |
| NAICS CODE | | 6 | <u>81</u> |
| 4. Brief Description of th | e Character of the Business Whic | h is Actually Conducte | d in Rhode Island |
| FITNESS FUSION IS A | A FITNESS STUDIO THAT PRO | VIDES GROUP EXE | CISE CI ASSES |
| PERSONAL TRAININ | | VIDES OROOT EAL | CCIDE CENSDED, |
| NUTRITION GUIDAN | CE TO OUR STUDENTS. | | |
| 5. Principal Office Addre | SS | | |
| No. and Street: 349 M | IETACOM AVE., UNIT 4 | | |
| City or Town: BRIS | | State: <u>RI</u> Zip: <u>02809</u> | <u>9</u> Country: <u>USA</u> |
| 6. Mailing Address of Li | mited Liability Company and Nam | ne or Title of Contact Pe | erson: |
| Contact Name: DANIELI | LE ROGERS Contact Title: BUSIN | IESS OWNER | |
| | 7 HOPE STREET | | |
| City or Town: BRIS | <u>STOL</u> State | : <u>RI</u> Zip: <u>02809</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 | Add | ress |
| | First, Middle, Last, Suffix | Address, City or Town, S | |

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

DANIELLE N. ROGERS 1217 HOPE STREET BRISTOL, RI 02809

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

Signed this 2 Day of January, 2017 at 9:11:12 AM 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 DANIELLE N. ROGERS

Signature of Authorized Person

Form No. 632 Revised 09/07

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