RI SOS Filing Number: 201729440940 Date: 01/03/2017 4:00 PM

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	2. Exact name of the Limited Liability Company
	Mix It Up Fitness
3. State of Formation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Personal Training

5. Principal Office Address	City	State	Zip
117 East Ave	Westerly	RI	02891

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Melissa Kohn	Trainer		
Street Address	**City**	**State**	**Zip**
117 East Ave	Westerly	RI	02891

7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name	Manager Name
N/A	
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 ☐

8. Resident Agent in Rhode Island. This information is currently of record in 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	Date
Melissa N. Kohn	12/27/2016
Signature of Authorized Person	
Melissa N. Kohn SIGN DOCUMENT HERE	

2017 JAN 3 PM 12:54 RI DEPARTMENT OF STATE

FILED

JAN 03 2017

BY le 293841

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

147114-1-1176301

FORM 632 - Revised: 05/2016