State of Rhode Island and Providence Plantations Department of State - Business Services Division					
al 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 Evact n	ame of the Limite	nd Linbility Company					
001339313	Total Body Affinity, LLC							
3. NAICS Code 4. Brief description of the			haracter of business conducted in Rhode Island					
713940 operate a spa and bo			body fitness facility					
5. State of Formation								
Rhode Island								
6. Principal Office Address	····	4 / Marine - 1	City	State	Zip			
190 Putnam Pke			Johnston	RI	02919			
7. Mailing Address of Limited Lia	ability Compa	any and Name or	Title of Contact Person					
Contact Name Brooke Borges	· · · · · · · · · · · · · · · · · · ·		Contact Title Member					
Street Address Total Body Affinity, LLC 190 Putnam Pike			City Johnston	State RI	Zip 02919			
8. List ALL managers (names ar	nd addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS			
Managei Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address					
City	State	Zip	City	State	Zip			
~	<u> </u>			Check the box to	indicate an attachment			
 Resident Agent in Rhode Islan 	nd This inform	nation is currently r	of record with the Department of Sta	ate: Changes require filir	ng Form 642			
Under penalty of perjury, I dec statements, and that all statem	lare and aff nents contai	irm that I have e ined herein are	examined this report, includir true and correct.	ng any accompanyin	g schedules and			
Name of Authorized Person	Date //	2/nelua						
Brooke Borges		/3	420114					
Signature of Authorized Person 3000 Slocator								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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