State of Rhode Island Department of			ces Division	-	
Annual Report for the		a015	•		
Limited Liability Company					
→ Filing period: September 1 - November 1					Santa and
 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. 					4
→ Penalty: Additional \$25.0	00 fee if form	is not filed by Dec	ember 1.		11 41950
1. Entity ID Number	2 Exact r	name of the Limited	Liability Company		5
791333	F	SFIT LL	C C COmpany		9 171
3. NAICS Code	4. Brief de	escription of the cha	racter of business conducted in F	Rhode Island	
Weight loss Services					
5. State of Formation	7 ~	-			
Lithor Island					
6. Principal Office Address	1		City	State	Zip
2145 Diamon	1 Hill	Poad	1 Cumberland	.	02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name 12.01					
Street Address of the			CityC		
15 (100er Court			1 'umblerland	State	ZipOdroU
8. List ALL managers (names a	nd addresse	s) of the Limited Lia	bility Company, IF APPLICABLE	- DO NOT LIST M	EMBERS
Manager Name			Manager Name	•	· · · · · · · · · · · · · · · · · · ·
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name		<u> </u>	Manager Name	<u> </u>	
Street Address			Street Address		
City	State	Zip	City 1	State	Zip
			C	heck the box to inc	licate an attachment
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 Date					
Blan Foreman				1-29	5-2017
Signature of Authorized Person					
					. i

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhodo Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 10:08

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