



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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 JUN 14 PM 4:09

Annual Report for the year: 2015

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 535776		2. Exact name of the Limited Liability Company L&P GROUP, LLC			
3. NAICS Code 62 - Health Care and Social		4. Brief description of the character of business conducted in Rhode Island TO OPERATE FITNESS GYMS			
5. State of Formation RI					
6. Principal Office Address 3 THOMAS LANE		City HOPE VALLEY		State RI	Zip 02832
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ALEX LAVALLEE		Contact Title MEMBER			
Street Address 3 THOMAS LANE		City HOPE VALLEY		State RI	Zip 02832
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 <input type="checkbox"/>					
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 ALEX LAVALLEE				Date 6-1-17	
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

FILED

JUN 14 2017

BY Ch 205927