



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

Annual Report for the year: 2017
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 700852 | | 2. Exact name of the Limited Liability Company SMITTY ATF, LLC | |
| 3. NAICS Code RE | | 4. Brief description of the character of business conducted in Rhode Island TO OPERATE FITNESS GYMS | |
| 5. State of Formation RI | | 713940 | |
| 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 |
| | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| | | | |
| 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. | | | |
| <i>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.</i> | | | |
| Name of Authorized Person ALEX LAVALLEE | | Date 10-2-17 | |
| 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

OCT 06 2017

BY

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