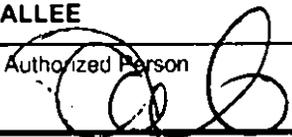




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 <b>700852</b>		2. Exact name of the Limited Liability Company <b>SMITTY ATF, LLC</b>	
3. NAICS Code r <b>RE</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE FITNESS GYMS</b>	
5. State of Formation <b>RI</b>		<b>713940</b>	
6. Principal Office Address <b>3 THOMAS LANE</b>		City <b>HOPE VALLEY</b>	State <b>RI</b> Zip <b>02832</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>ALEX LAVALLEE</b>		Contact Title <b>MEMBER</b>	
Street Address <b>3 THOMAS LANE</b>		City <b>HOPE VALLEY</b>	State <b>RI</b> Zip <b>02832</b>
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.			
<b>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.</b>			
Name of Authorized Person <b>ALEX LAVALLEE</b>		Date <b>10-2-17</b>	
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 1311 QS