



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	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.					
<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

1311 QS