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

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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	2. Exact name of the Limited Liability Company
511298	**Atlantic Fitness LLC**
3. NAICS Code: **713940**	4. Brief description of the character of business conducted in Rhode Island: **Gym**
5. State of Formation: **Rhode Island**	

6. Principal Office Address	City	State	Zip
26 MacKenzie Lane	**Wakefield**	**MA**	**01880**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Steve Eddleston	**Authorized Person**		
Street Address: **26 MacKenzie Lane**	City: **Wakefield**	State: **MA**	Zip: **01880**

8 List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
N/A			N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name: N/A			Manager Name: N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate 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
Steven Eddleston	10/10/17

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 11 2017
BY 314621

FORM 632 - Revised: 08/2017