



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<br><b>684035</b>  |       | 2. Exact name of the Limited Liability Company<br><b>Seacoast Fitness LLC</b>                        |  |                         |                     |
| 3. NAICS Code<br><b>713940</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Fitness Center</b> |  |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |  |  |                         |                     |
| 6. Principal Office Address<br><b>26 MacKenzie Lane</b>   |       |  | City<br><b>Wakefield</b>               | State<br><b>MA</b>      | Zip<br><b>01880</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |  |                         |                     |
| Contact Name <b>Steve Eddleston</b>   |       |  | Contact Title <b>Authorized Person</b> |                         |                     |
| Street Address <b>26 MacKenzie Lane</b>   |       |  | City <b>Wakefield</b>                  | State <b>MA</b>         | Zip <b>02880</b>    |
| 8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |       |  |  |                         |                     |
| Manager Name<br><b>N/A</b>  |       |  | Manager Name<br><b>N/A</b>             |                         |                     |
| Street Address  |       |  | Street Address                         |                         |                     |
| City  | State | Zip  | City                                   | State                   | Zip                 |
| Manager Name<br><b>N/A</b>  |       |  | Manager Name<br><b>N/A</b>             |                         |                     |
| 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<br><b>Steven Eddleston</b>  |       |  |  | Date<br><b>10/10/17</b> |                     |
| Signature of Authorized Person<br>  |       |  |  | 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 CU 314621