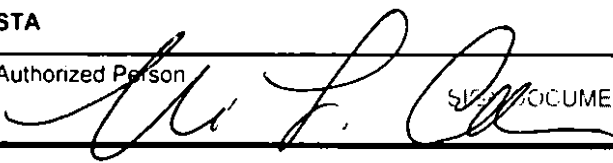




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2016**
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 001093361		2 Exact name of the Limited Liability Company COSTA FITNESS, LLC	
3. NAICS Code 446191		4. Brief description of the character of business conducted in Rhode Island SALES OF FOOD SUPPLEMENTS	
5 State of Formation RHODE ISLAND			
6. Principal Office Address 97 APPLETON STREET		City CRANSTON	State RI
		Zip 02910	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name NICOLE COSTA		Contact Title MEMBER	
Street Address 40 TOMAHAWK TRAIL		City CRANSTON	State RI
		Zip 02921	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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.			
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 NICOLE COSTA		Date 1/25/18	
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

11:27 AM
FILED

FEB 02 2018

BY 323378