

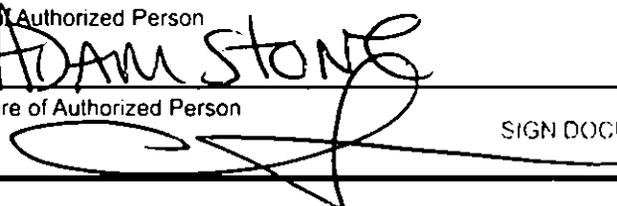


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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 001340223		2. Exact name of the Limited Liability Company STONEFIT, LLC			
3. NAICS Code 812990		4. Brief description of the character of business conducted in Rhode Island HEALTH & PERSONAL TRAINING			
5. State of Formation RI					
6. Principal Office Address 209 Beechwood Dr		City Cranston	State RJ	Zip 02921	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ADAM STONE			Contact Title MASTER TRAINER, PRESIDENT		
Street Address 209 Beechwood Drive		City CRANSTON	State RJ	Zip 02901	
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.					
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 ADAM STONE				Date 6/20/18	
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

FILED
JUN 25 2018
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