



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

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Annual Report for the year: 2018

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 <u>001667862</u>		2. Exact name of the Limited Liability Company <u>"Way of Life" Certified Fitness Nutritionist + Personal Trainer</u>	
3. NAICS Code <u>611519</u>		4. Brief description of the character of business conducted in Rhode Island <u>Personal Fitness Training</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>ISA Kathy Ann Dr</u>		City <u>Naugansett</u>	State <u>RI</u> Zip <u>02882</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Chang Yael J.</u>		Contact Title <u>owner / operator</u>	
Street Address <u>ISA Kathy Ann Dr</u>		City <u>Nau</u>	State <u>RI</u> Zip <u>02882</u>
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 <u>C. Yael J.</u>		Date <u>8/29/18</u>	
Signature of Authorized Person <u>[Signature]</u>			

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BY CA PYNDA

MAIL TO:

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