RI SOS Filing Number: 201877162910 Date: 9/10/2018 4:00:00 PM

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| State of Rhode Island and Providence Plantations Department of State - Business Services Division | |
|--|--|
| Annual Report for the year: 2018 Limited Liability Company | $oldsymbol{G}^{i_1} = oldsymbol{\omega}^{i_2}$ |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00 | |

| 1. Entity ID Number 000900631 | Exact name of the Limited Liability Company Old Colony CrossFit LLC | | | | | | |
|--|--|----------------------|---------------------------|----------|----------------------|--|--|
| 3. NAICS Code 713940 5. State of Formation | 4. Brief description of the character of business conducted in Rhode Island We conduct fitness classes | | | | | | |
| RI ˈ | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 1 San Antonio Way | | | Pawtucket | RI | 02860 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Michael Landry | | | Contact Title President | | | | |
| Street Address 1 San Antonio Way | | | ^{City} Pawtucket | State RI | ^{Zip} 02860 | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | |
| Manager Name Michael Landry | | | Manager Name | | | | |
| Street Address 70 Pleasant Street | | | Street Address | | | | |
| City North Attleboro | State MA | ^{Zip} 02860 | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| 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 | Date | | | |
| Michael Landry | | | 8/19/18 | | | | |
| 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

SEP 1 0 2018

FORM 632 - Revised: 02/2017