RI SOS Filing Number: 201881103790 Date: 11/13/2018 4:00:00 PM

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

FILED
NOV 13 2018
BY 3461

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	2. Exact name of the Limited Liability Company		
000950814	**APT2, LLC**		
3. NAICS Code **713940**	4. Brief description of the character of business conducted in Rhode Island **FITNESS CENTER**		
5. State of Formation **CT**			
6. Principal Office Address **6 LIBERTY WAY**	City **NIANTIC**	State **CT**	Zip **06537**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
CALVIN MCCOY JR			
Street Address **6 LIBERTY WAY**	City **NIANTIC**	State **CT**	Zip **06357**

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 ☐

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
CALVIN MCCOY JR	11/7/2018
Signature of Authorized Person	

MAIL TO:
Division of Business Services
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