

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 FEB 11 PM 12: 11

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

Entity ID Number 2. Exact name of the Limited Liability Company					
001340507	Elevate Judo at & Time LU				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
5. State of Formation	Martial Arts + Fitness				
6. Principal Office Address 567 S. County Fiel #707 Exek, BI 02822			City Exeter	State RT	Zip 0Z8Z7
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Bret Robichaud			Contact Title Bure		
Street Address 567 5 County Trail #207			City Exeler	State 7	Zip CZXZZ
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	Zıp	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	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 Brett Robicheuc 2/11/2019					0/9
Signature of Authorized Person					
9:11					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 9:11 X: FILED

BY FEB 1,1 2019 E5969