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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 JUN 18 AM 10: 18

Annual Report for the year: 20 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	ity ID Number 2. Exact name of the Limited Liability Company					
271447						
0 110 11	DESIGNS IN MOTION LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
713940	FITNESS TRAINING					
5. State of Formation						
6. Principal Office Address		<u> </u>	City	State	Zip	
28 ANGELO AVE			City N. PROU	RI	02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name ANT HOW DEMED			Contact Title PRESIDENT			
Street Address 28 ANKELO AVE			City N. PROU	State	Zip 02904	
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 AUTHOWS			Date 6 //8	Date 6 /18 /19		
Signature of Authorized Person Authory D. Meo						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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JUN 1 8 2019

ORM 632 - Revised: 10/2017