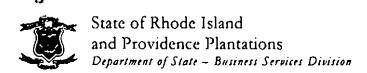
RI SOS Filing Number: 201920858580 Date: 9/18/2019 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

## 2019 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - Filing Fee: \$50.00" - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

provide martial a	the character of the busin arts and fitness s	ess which is actually conduc ervices	cted in Rhode Island		
6 Principal office adds			ted in Rhode Island  5. State of Formatio Rhode Island		ISIANO
6. Principal office address 20 Cedar Swamp Road			City Smithfield	State RI	Zip 02917
7. MAILING ADDRE  Contact Name  Gregory M. Hort		BLITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Manager	T PERSON:	
Street Address 20Cedar Swamp Road			Gity Smithfield	State RI	2 <i>ip</i> 02917
8. NAME AND ADDR		GER OF THE LIMITED I	LIABILITY COMPANY, IF APP ACHMENTS ("X" BOX FOR	LICABLE - DO NOT I	LIST MEMBER
Manager Name Gregory M. Ho			Manager Name		
Street Address O Cedar Swamp Road			Street Address		
City Smithfield	State RI	2 <i>ip</i> 02917	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
		Zip	City	State	Zip

vm FILED						
SEP 18 2019 s report must be executed by an authorized person pursuant to R.I.G.L. 7-16						
BY 1067	Under penalty of perjury, I declare and affirm including any acceptpanying schedules and sta					
File Date	contained horein are true and correct.					
Check No.	Manature of Authorized Person					

FOR SECRETARY OF STATE USE ONLY

By:

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 horein a re true and correct.

Algnature of Authorized Person

Gregory M. Horton, Manager