	State of Rhode Island and Pi Office of the Secre		Fee: \$50.00
	Division Of Busine	ss Services	
	148 W. River	Street	
	Providence RI 02		
HOPE	(401) 222-3	040	
Limited Liability Corr Annual Report			
Filing Period: September 1	- November 1		
	. 7-16-66(d), each limited liability coi in thirty (30) days after the time pres penalty fee of \$25.00.		
ANNUAL REPORT YEAR	<u>2019</u>		
1. ID No. <u>000934151</u>			
2. Exact Name of the Limited Liability Company Anchor Gymnastics, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>713940</u>			
4. Brief Description of th	ne Character of the Business Whi	ch is Actually Conducted in Rh	ode Island
<u>GYMNASTICS</u>			
5. Principal Office Addre	\$SS		
No. and Street: 2435 I	NOOSENECK HILL ROAD		
	ENTRY	State: <u>RI</u> Zip: <u>02816</u> Cor	untry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Nan	ne or Title of Contact Person:	
Contact Name: Contact	Title:		
	NOOSENECK HILL ROAD		
City or Town: <u>COVE</u>	NTRY	State: <u>RI</u> Zip: <u>02816</u> Cou	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country
8. RESIDENT AGENT IN	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOE FARMER, CPA 6 STATE STREET WARREN, RI 02885

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 24 Day of October, 2019 at 3:08:57 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By JOSEPH B FARMER

Signature of Authorized Person

Form No. 632 Revised 09/07

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