



State of Rhode Island and Providence Plantations

Department of State - Rusiness Services Di

Department of State.- Business Services Division

DECRETARY OF STATE CORPORATIONS OF STATE

2019 NOV 21 PM 12: 22

Annual Report for the year: 2019

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 001688994 | l l | 2. Exact name of the Limited Liability Company Ready for Life, LLC | | | | |
|---|------------------------------------|--|--|---------------------------------------|------------------------|--|
| 3. NAICS Code 713940 | | Brief description of the character of business conducted in Rhode Island small group fitness classes | | | | |
| 5. State of Formation RI | | | | | | |
| 6. Principal Office Address 182 Usquepaugh Rd | | | City W. Kingston | State RI | Zip 02892 | |
| 7. Mailing Address of Limite | d Liability Compa | any and Name o | | · · · · · · · · · · · · · · · · · · · | | |
| Contact Name John Ford | | | Contact Title Owner | Contact Title Owner | | |
| Street Address 446 Main St | | | City Wakefield | State RI | ^{Zip} 02879 | |
| 8. List ALL managers (nam | es and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | |
| Manager Name , | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zīp | City | State | Zip | |
| | | | | Check the box to | indicate an attachment | |
| 9. Resident Agent in Rhode | Island. This infor | nation is currently | of record with the Department of St | ate. Changes require fili | ng Form 642. | |
| Under penalty of perjury, statements, and that all st | declare and affi atements conta | irm that i have ined herein are | examined this report, includi true and correct. | ng any accompanyli | ng schedules and | |
| Name of Authorized Person | | | | Date | | |
| John Ford | | | | 11-14-19 | | |
| Signature of Authorized Per | son |)]- | ON DOCUMENT HERE | | | |
| <u> </u> | | 11-4/ | | | | |

MAIL TO:

Division of Business Services

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

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

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