



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

AUG 06 2020  
 BY 2322

**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 <b>1676699</b>		2. Exact name of the Limited Liability Company <b>Krista Perry Pilates, LLC</b>			
3. NAICS Code 713940		4. Brief description of the character of business conducted in Rhode Island Pilates fitness instruction			
5. State of Formation RI					
6. Principal Office Address 71 Countryside Drive			City Cumberland	State RI	Zip 02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Krista Perry</b>			Contact Title <b>Manager</b>		
Street Address <b>71 Countryside Drive</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Krista Perry</b>			Manager Name		
Street Address <b>71 Countryside Drive</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Krista Perry</b>				Date <b>X 11/1/19</b>	
Signature of Authorized Person 					

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