| | State of Rhode Island Office of the Secretary of State | Fee: \$50.00 |
|--|---|--|
| | Division Of Business Services 148 W. River Street Providence RI 02904-2615 | |
| HOPE | (401) 222-3040 | |
| Limited Liability Con Annual Report Filing Period: September 1 | | |
| | . 7-16-66(d), each limited liability company failing or refusing in thirty (30) days after the time prescribed by law (R.I.G.L. 7- penalty fee of \$25.00. | |
| ANNUAL REPORT YEAR | : <u>2020</u> | |
| 1. ID No. <u>00167880</u> | <u>9</u> | |
| 2. Exact Name of the Li | imited Liability Company Transitional Movement, LLC | |
| 3. State of Formation | | |
| State: <u>RI</u> | | |
| | | |
| | ARTICLE III | |
| - | ARTICLE III Code that best describes the primary business conducted by the ere information on <u>NAICS</u> can be found online. | entity. Download |
| - | Code that best describes the primary business conducted by the e | entity. Download |
| the list of codes <u>here.</u> Mor <u>812990</u> | Code that best describes the primary business conducted by the e | |
| the list of codes <u>here.</u> Mor <u>812990</u> 4. Brief Description of th | Code that best describes the primary business conducted by the ere information on <u>NAICS</u> can be found online. | |
| the list of codes <u>here.</u> Mor <u>812990</u> 4. Brief Description of th PERSONAL TRAINING | Code that best describes the primary business conducted by the ere information on <u>NAICS</u> can be found online. | |
| the list of codes <u>here.</u> Mor <u>812990</u> 4. Brief Description of th <u>PERSONAL TRAININ</u> 5. Principal Office Addre No. and Street: <u>49 RC</u> | Code that best describes the primary business conducted by the ere information on <u>NAICS</u> can be found online. The Character of the Business Which is Actually Conducted in G & MASSAGE THERAPY PSS DGER WILLIAMS DRIVE | |
| the list of codes <u>here.</u> Mor <u>812990</u> 4. Brief Description of th <u>PERSONAL TRAINING</u> 5. Principal Office Addre No. and Street: <u>49 RC</u> City or Town: <u>JOHN</u> | Code that best describes the primary business conducted by the ere information on <u>NAICS</u> can be found online. The Character of the Business Which is Actually Conducted in G & MASSAGE THERAPY PSS DGER WILLIAMS DRIVE | Rhode Island Country: <u>USA</u> |
| the list of codes <u>here.</u> Mor <u>812990</u> 4. Brief Description of th <u>PERSONAL TRAINING</u> 5. Principal Office Addre No. and Street: <u>49 RC</u> City or Town: <u>JOHN</u> 6. Mailing Address of Li Contact Name: Contact No. and Street: <u>49 RC</u> | Code that best describes the primary business conducted by the ere information on <u>NAICS</u> can be found online. The Character of the Business Which is Actually Conducted in G & MASSAGE THERAPY PSS DGER WILLIAMS DRIVE NSTON State: <u>RI</u> zip: 02919 Title: DGER WILLIAMS DRIVE Title: DGER WILLIAMS DRIVE | Rhode Island Country: <u>USA</u> |
| the list of codes <u>here.</u> Mor <u>812990</u> 4. Brief Description of th <u>PERSONAL TRAINING</u> 5. Principal Office Addre No. and Street: <u>49 RC</u> City or Town: <u>JOHN</u> 6. Mailing Address of Li Contact Name: Contact No. and Street: <u>49 RC</u> City or Town: <u>JOHN</u> | Code that best describes the primary business conducted by the ere information on NAICS can be found online. The Character of the Business Which is Actually Conducted in G & MASSAGE THERAPY Pess DGER WILLIAMS DRIVE NSTON State: RI Title: DGER WILLIAMS DRIVE State: RI Zip: 02919 Commenter of Contact Person Title: DGER WILLIAMS DRIVE State: RI Zip: 02919 Commenter Contact Person | Rhode Island Country: <u>USA</u> on: Country: <u>USA</u> |
| the list of codes <u>here.</u> Mor <u>812990</u> 4. Brief Description of th <u>PERSONAL TRAINING</u> 5. Principal Office Addre No. and Street: <u>49 RC</u> City or Town: <u>JOHN</u> 6. Mailing Address of Li Contact Name: Contact No. and Street: <u>49 RC</u> City or Town: <u>JOHN</u> | Code that best describes the primary business conducted by the ere information on NAICS can be found online. Ine Character of the Business Which is Actually Conducted in G & MASSAGE THERAPY Sess DGER WILLIAMS DRIVE NSTON State: RI Title: DGER WILLIAMS DRIVE State: RI Zip: 02919 Title: DGER WILLIAMS DRIVE State: RI Zip: 02919 Code mited Liability Company and Name or Title of Contact Person Title: DGER WILLIAMS DRIVE ISTON State: RI Zip: 02919 Code R WILLIAMS DRIVE State: RI Zip: 02919 Code R WILLIAMS DRIVE State: RI Zip: 02919 Code R WILLIAMS DRIVE State: RI Zip: 02919 State: RI Zip: 02919 C | Rhode Island Country: <u>USA</u> on: Country: <u>USA</u> |
| the list of codes here. Mor <u>812990</u> 4. Brief Description of the <u>PERSONAL TRAINING</u> 5. Principal Office Addres No. and Street: <u>49 RC</u> City or Town: <u>JOHN</u> 6. Mailing Address of Li Contact Name: Contact No. and Street: <u>49 RC</u> City or Town: <u>JOHN</u> 7. Name and Address of | Code that best describes the primary business conducted by the ere information on NAICS can be found online. Ine Character of the Business Which is Actually Conducted in G & MASSAGE THERAPY Sess DGER WILLIAMS DRIVE NSTON State: RI Title: DGER WILLIAMS DRIVE State: RI Zip: 02919 Title: DGER WILLIAMS DRIVE State: RI Zip: 02919 Code mited Liability Company and Name or Title of Contact Person Title: DGER WILLIAMS DRIVE ISTON State: RI Zip: 02919 Code R WILLIAMS DRIVE State: RI Zip: 02919 Code R WILLIAMS DRIVE State: RI Zip: 02919 Code R WILLIAMS DRIVE State: RI Zip: 02919 State: RI Zip: 02919 C | Rhode Island Country: <u>USA</u> n: Country: <u>USA</u> ble. |

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

TYLER J. MELLO <u>49 ROGER WILLIAMS DRIVE</u> <u>JOHNSTON</u>, <u>RI</u> <u>02919</u>

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

Signed this 19 Day of September, 2020 at 12:29:09 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 TYLER J. MELLO

Signature of Authorized Person

Form No. 632 Revised 09/07

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