



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
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2020

1. ID No. 000792622

2. Exact Name of the Limited Liability Company FIT 2 THE CORE /NUTRITIONWORKS LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

713940

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

FITNESS & NUTRITION COACHING

5. Principal Office Address

No. and Street: 94 CRANBERRY TERRACE

City or Town: CRANSTON

State: RI

Zip: 02921

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 94 CRANBERRY TERRACE

City or Town: CRANSTON

State: RI

Zip: 02921

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CAMILLE DURANTE	94 CRANBERRY TERRACE CRANSTON, RI 02921 USA
MANAGER	CAMILLE DURANTE	94 CRANBERRY TERRACE

MANAGER

CAMILLE DURANTE

CRANSTON, RI 02921

94 CRANBERRY TERRACE
CRANSTON, RI 02921 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CAMILLE DURANTE 94 CRANBERRY TERRACE CRANSTON , RI 02921

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

Signed this 21 Day of September, 2020 at 4:38:55 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 CAMILLE DURANTE
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2020 State of Rhode Island
All Rights Reserved