	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business		
148 W. River Street Providence RI 02904-2615			
	(401) 222-304		
HOPE	×		
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
		· · · · · · · · · · · · · · · · · · ·	
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000186564</u>			
2. Exact Name of the Limited Liability Company <u>AULL FIT, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
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>812199</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
PERSONAL PILATES EXERCISE INSTRUCTION IN A STUDIO SETTING			
5. Principal Office Addre	SS		
No. and Street: 87 V	VARREN AVENUE		
	<u>DDLETOWN</u> State	: <u>RI</u> Zip: <u>02842</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact F	Person:
Contact Name: <u>COLLEE</u>	N C AULL Contact Title: OWNER		
No. and Street: 87 W	ARREN AVENUE	B I	•
City or Town: <u>MIDE</u>	<u>DLETOWN</u> State	: <u>RI</u> Zip: <u>02842</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Ado	lress
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

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

COLLEEN AULL 87 WARREN AVENUE MIDDLETOWN, RI 02842

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

Signed this 15 Day of October, 2020 at 12:09:20 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 <u>COLLEEN C AULL</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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