

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 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.

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2. Exact name of the Limited Liability Company						
Justlive 360 CCC						
Brief description of the character of business conducted in Rhode Island						
Sale, Distribution, Manufactures						
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of	exercisi	Equipment		·		
6. Principal Office Address			State	Zip		
74 Ainport Rd			121	1 6860		
bility Company	and Name or Title	of Contact Person				
Contact Name Hicia Lucas			Contact Title O W W			
Street Address 74 Airport Rel			State	Zip 07891		
nd addresses)	of the Limited Liabi	lity Company, IF APPLICABLE - I	DO NOT LIST ME	MBERS		
Manager Name			Manager Name			
Street Address			Street Address			
State	Zip	City	State	Zip		
Manager Name			Manager Name			
Street Address			Street Address			
		Street Address				
State	Zip	Street Address City	State	Zip		
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	Salu Af Not Dility Company Lucas Aport Ind addresses)	4. Brief description of the character of Exercise Note of Edel of Addresses of the Limited Liability	4. Brief description of the character of business conducted in Rho Sale, Distribution, Ma of Exercise Equipment City Dility Company and Name or Title of Contact Person Contact Title City City Manager Name Street Address State Zip City City	4. Brief description of the character of business conducted in Rhode Island Sale, DISTIBUTION, Manufactur of Exercise Equipment City State Public Company and Name or Title of Contact Person Contact Title City State City State City Westerly Manager Name Street Address State Zip City State		

MAIL TO:

Division of Business Services

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

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