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2020 NOV 12 P 12:35



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.

1. Entity ID Number <u>001660023</u>		2. Exact name of the Limited Liability Company <u>Livestif New England LLC.</u>			
3. NAICS Code <u>713940</u>		4. Brief description of the character of business conducted in Rhode Island <u>group fitness classes. last day of business was 12/13/19.</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>formerly 50 Valley St., #104 Providence, RI 02909 but owner closed business & moved to address below.</u>		City	State	Zip	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Michael Crown</u>		Contact Title <u>(former) owner</u>			
Street Address <u>38 Village Rd., #106</u>		City <u>Middleton</u>	State <u>MA</u>	Zip <u>01549</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>N/A</u>		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					
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.					
Name of Authorized Person <u>Michael Crown</u>				Date <u>11/9/20</u>	
Signature of Authorized Person <u>[Signature]</u>					

FILED

NOV 12 2020

BY JPBT4ED5

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov