State of Rhode Island Office of the Secretary of State       Fre: \$50.00         Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040       Execretary of State         Cimited Liability Company Annual Report Pring Period: September 1 - November 1       Image: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or relusing to the is annual report within thrify (20) days after the time prescribed by law (R.I.G.L. 7- 1646(dek)) is subject to a penalty lee of 255.00.         ANNUAL REPORT YEAR:       202         1. ID No:       001699569         2. Exact Name of the Limited Liability Company Anchor Fitness LLC         3. State of Formation         State: RI         State: RI         ARTICLE II         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.         812990         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island the list of codes here.         FTINESS         5. Principal Office Address         No. and Street:       56 ORCHARD VIEW ROAD City or Town:       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: KEVIN DAVIS Contact Title: MEMBER No. and Street:       56 ORCHARD VIEW RD State: RI       Zip: 02871       Countr					
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: Soptember 1:         Improve the source of the sou				Fee: \$50.00	
(401) 222-3040         Limited Liability Company Filing Period: September 1 - November 1         In accordance with R1 GL 7-16-66(d), each limited liability company failing or refusing to file its annual report with infty (20) days after the time prescribed by law (R1 G L 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2020         1. ID No. 001699569         2. Exact Name of the Limited Liability Company Anchor Fitness L1.C         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.         812990         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         FITNESS         5. Principal Office Address         No. and Street: S6 ORCHARD VIEW ROAD City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title: MEMBER No. and Street: S6 ORCHARD VIEW RDD City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title Individual Name Address <td colspan="5"></td>					
Annual Report Filing Period: September 1 - November 1 Filing Period: September	HOPE				
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. 001699569 2. Exact Name of the Limited Liability Company Anchor Fitness 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. 812990 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FITNESS 5. Principal Office Address No. and Street: 56 ORCHARD VIEW ROAD City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: KEVIN DAVIS Contact Title: MEMBER No. and Street: 56 ORCHARD VIEW RDA City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
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Contact Name:       KEVIN DAVIS Contact Title:       MEMBER         No. and Street:       56 ORCHARD VIEW RD       PORTSMOUTH       State:       RI       Zip:       02871       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Individual Name       Address					
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DO NOT LIST MEMBERS       Title     Individual Name     Address					
First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country	Title				
		First, Middle, Last, Suffix	Address, City or Town, St	ate, Zip Code, Country	
		RHODE ISLAND - DO NOT ALTER			

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

<u>UNITED STATES CORPORATION AGENTS, INC.</u> <u>222 JEFFERSON BOULEVARD, SUITE 200</u> <u>WARWICK</u>, <u>RI</u> <u>02888</u>

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

**Signed this 3 Day of December, 2020 at 5:38:19 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 KEVIN DAVIS

Signature of Authorized Person

Form No. 632 Revised 09/07

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