



State of Rhode Island

## Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 DEC 11 AM 9:05Annual Report for the year: 2013  
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>000732895</u>		2. Exact name of the Limited Liability Company <u>Lenco Fitness LLC</u>	
3. NAICS Code <u>713940</u>		4. Brief description of the character of business conducted in Rhode Island <u>Fitness facility offering CrossFit, Bootcamp &amp; Olympic weight lifting.</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>19 High Street, Lower Level</u>		City <u>Westerly</u>	State <u>RI</u>
		Zip <u>02891</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Renee Coon</u>		Contact Title <u>Owner</u>	
Street Address <u>41 Castle Hill Rd</u>		City <u>Pawcatuck</u>	State <u>CT</u>
		Zip <u>06379</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, if applicable			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name <u>Renee Coon</u>		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. The undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances of the business of the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person <u>Renee Coon</u>		Date <u>11/16/20</u>	
Signature of Authorized Person <u>Renee Coon</u>			

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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