## **AMENDED**



Annual Report for the year: \_\_\_\_\_2020\_\_\_\_\_ Limited Liability Company RECEIVED STAMP
R.I. DEPT. OF STATE OR BUS SVCS DIVERTAL DEPT. OF STATE

→ 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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1 Entity ID Number 001675189	2 Exact name of the Limited Liability Company ONE CYCLE RI, LLC					
3 NAICS Code 713490	4 Brief description of the character of business conducted in Rhode Island SPIN AND EXERCISE STUDIO					
5 State of Formation RI						
6 Principal Office Address 401 PUTNAM PIKE			City CHEPACHET	State Rí	Zip 02814	
7 Mailing Address of Limited Lia		y and Name or T	itle of Contact Person			
Contact Name ASHLEE BARTON			Contact Title SOLE-MEMBER			
Street Address 415 EAST WALLUM LAKE ROAD			City PASCOAG	State RI	Zrp 02859	
8 List ALL managers (names ar	nd addresses)	of the Limited Li	ability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	7ıp	City	State	Zıp	
Manager Namo			Manager Name			
Street Address			Street Address			
City	State	7ıp	City	State	Zıp	
	<u> </u>		·	Check the box to	indicate an attachment	
9 The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642						
Under penalty of perjury, I dec statements, and that all staten	lare and affir nents contain	m that I have ex ed herein are tr	ramined this report, including tue and correct.	g any accompanyin	g schedules and	
Name of Authorized Person ASHLEE BARTON, SOLE-MEMBER				Date 3/2	Date 2/27/2021	
Signature of Authorized Person						

MAIL TO:

**Division of Business Services** 

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

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

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