



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.

FILED

APR 05 2021

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1. Entity ID Number 001676399		2. Exact name of the Limited Liability Company A&D FITNESS, LLC.			
3. NAICS Code 812990		4. Brief description of the character of business conducted in Rhode Island FITNESS AND TRAINING CENTER.			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 1145 ATWOOD AVENUE		City JOHNSTON		State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ALYSHA FREEMAN			Contact Title MEMBER		
Street Address 56 CHURCH AVENUE		City WARWICK		State RI	Zip 02919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NONE			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. 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 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 ALYSHA FREEMAN				Date 03/25/2021	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services
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