	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-304	+0	
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
riing Penod. September i			
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: 2021			
1. ID No. <u>001669943</u>			
2. Exact Name of the Limited Liability Company <u>Leanify Method Fitness, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
-	Code that best describes the primary e information on <u>NAICS</u> can be found		
4. Brief Description of th	e Character of the Business Which	is Actually Condu	cted in Rhode Island
FITNESS AND PERSONAL TRAINING CENTER			
5. Principal Office Addre	SS		
No. and Street: 36	HIGH STREET		
	<u>HIGH STREET</u> ESTERLY State: <u>RI</u>	Zip: <u>02891</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: AARON	MEREDITH Contact Title: OWNER		
No. and Street: <u>36 I</u>	HIGH STREET		<b>a</b>
City or Town: <u>WE</u>	STERLY State: <u>RI</u>	Zip: <u>02891</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	A	ddress
	First, Middle, Last, Suffix	Address, City or Tow	n, State, Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

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

AARON MEREDITH 110 WINTER AVENUE WARWICK , RI 02889

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

**Signed this 30 Day of November, 2021 at 2:13:31 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 AARON MEREDITH

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2021 State of Rhode Island All Rights Reserved