



State of Rhode Island

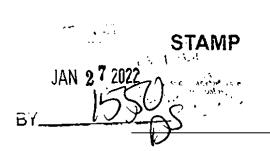
Department of State - Business Services Division

Annual Report for the year: 2021
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 000132219		2. Exact name of the Limited Liability Company COMPLETE PHYSIQUE			
3. NAICS Code 812199	·	Brief description of the character of business conducted in Rhode Island PERSONAL TRAINING			
5. State of Formation RI					
6. Principal Office Address 860 K CURTIS CORNER ROAD		City WAKEFIELD	State RI	Zip 02879	
7. Mailing Address of Limite	ed Liability Company and Name or	Title of Contact Person	<u> </u>		
Contact Name LYNNE CIANCIOLO		Contact Title MEMBER			
Street Address 860K CURTIS CORNER ROAD		City WAKEFIELD	State RI	^{Z_{ip}} 02879	
8. The Resident Agent info	rmation currently of record with the	RI Department of State is accura	te. Changes require	e filing Form 642.	
	I declare and affirm that I have extatements contained herein are t		any accompanyin	g schedules and	
Name of Authorized Person LYNNE CIANCIOLO		·	Date	2022 2022	
Signature of Authorized Pe	rson Olav	nuole9	, 50	,,, -0,,, -0,,,	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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