



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.

| | ~ | STAMP |
|-----|--------------|---------------|
| | JAN 2 7 2022 | 7) se anno se |
| BY_ | 153 | |

| 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 | d Liability Company and Name or | Title of Contact Person | • | | | |
| Contact Name LYNNE CIANCIOLO | | Contact Title MEMBER | | | | |
| Street Address 860K CURTIS CORNER ROAD | | City WAKEFIELD | State RI | ^{Z₁p} 02879 | | |
| 8. The Resident Agent infor | mation currently of record with the | RI Department of State is accura | te. Changes require | e filing Form 642. | | |
| | l declare and affirm that I have e tatements contained herein are | | any accompanyin | g schedules and | | |
| Name of Authorized Person LYNNE CIANCIOLO | | Ċ | Dale | 2022 n. 242022 | | |
| Signature of Authorized Per | ne Osa | nuole | | 7 | | |

MAIL TO:

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

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