



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), 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.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2022

**1. ID No.** 001718254

**2. Exact Name of the Limited Liability Company** Triad Performance & Nutrition, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621999

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

PROVIDE VIRTUAL NUTRITION COUNSELING AND COACHING TO CLIENTS.  
CONDUCT  
ASSESSMENTS AND CREATE INDIVIDUALIZED WORKOUT PROGRAMS BASED ON  
NEEDS AND  
GOALS. MAINTAIN HIPAA-COMPLIANT CLIENT INFORMATION AND RECORD  
KEEPING. MANAGE  
ALL SOCIAL MEDIA ACCOUNTS RELATED TO THE BUSINESS ENTITY.

**5. Principal Office Address**

No. and Street: 181 BAYVIEW AVE  
City or Town: CRANSTON State: RI Zip: 02905 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: COLBY THIBAUT Contact Title: OWNER  
No. and Street: 181 BAYVIEW AVE  
City or Town: CRANSTON State: RI Zip: 02905 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

COLBY THIBAUT 181 BAY VIEW AVE CRANSTON , RI 02905

**Signed this 19 Day of April, 2022 at 12:47:47 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 COLBY THIBAUT  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2022 State of Rhode Island  
All Rights Reserved