



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

RI DEPT OF STATE  
 BUS SVCS DIV  
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**Annual Report for the year:** 2021  
**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.

1. Entity ID Number 000783618		2. Exact name of the Limited Liability Company FULL RANGE FITNESS, LLC			
3. NAICS Code 713940		4. Brief description of the character of business conducted in Rhode Island GYM			
5. State of Formation RI					
6. Principal Office Address 859 NORTH MAIN STREET, SUITE 3			City PROVIDENCE	State RI	Zip 02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ALECIA MOLANO			Contact Title MANAGING MEMBER		
Street Address 859 NORTH MAIN STREET, SUITE 3			City PROVIDENCE	State RI	Zip 02903
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person ALECIA MOLANO				Date 4/13/22	
Signature of Authorized Person 					

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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 JUN 07 2022  
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