State of Rhode island				نہ دم
Department of State - Business Services Division				22
Annual Report for the y Limited Liability Compa → Filing period: February 1 → Filing Fee: \$50,00 → Penalty: Additional \$25,00	ear: <u> </u>	R.I. DEPT. OF STATE BUS SVCS DIV	_	RECEIVED STATE SUS SVCS DIV
1. Entity ID Number	2. Exact name of the Limited L	inhun. O		
1679302	Ba Rody C	NIATIONS 11 C		
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
\$12199 5. State of Formation	Personal 7	Training	one izialia	
RT.		J		,
6. Principal Office Address		Ta::		R.
114 Girard Ann	+9	Veral David	State	# B
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name PX(1)	Navas	Contact Title		A S
Street Address		City Owner		- HO10
8. The Resident Agent information	$\mathbf{L}^{\perp} \mathbf{A} \mathbf{I} \mathbf{a}_{\perp} \mathbf{I} \mathbf{D} \mathbf{A} \mathbf{z} \mathbf{L}$	State	Zip 82840	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				

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.

FILED

OCT 17 2022

10:31

BY SOZNQ

MAIL TO:

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

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

Name of Authorized Person