



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2022
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 000950723		2. Exact name of the Limited Liability Company STRONG FIT LLC		
3. NAICS Code 621399		4. Brief description of the character of business conducted in Rhode Island MASSAGE THERAPY HEALTH CARE AND SOCIAL ASSISTANCE		
5. State of Formation RI				
6. Principal Office Address 11 MAIN STREET 11E		City NORTH SMITHFIELD	State RI	Zip 02896
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name JAMES HOPGOOD		Contact Title MANAGER		
Street Address 60 GLENDALE MEADOW LANE		City HARRSIVLLE	State RI	Zip 02896
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
<i>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.</i>				
Name of Authorized Person JAMES HOPGOOD			Date 11/22/22	
Signature of Authorized Person 				

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

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 BY ML SGHHT
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