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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
00 1700462	The Jevi	any Group	UC.			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation	Health	Club				
RT						
6. Principal Onice Address	1 .	City	State	Zip		
970 Bang	las pike	Smithfeld	RI	02917		
7. Mailing Address of Limited Etability Company and Name or Title of Contact Person						
Contact Name	Eviany	Contact Title DUNCI		· -		
Street Address	Find load	90. Smith Felch	State	200896		
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.						
Name of Authorized Person	Sevigny		Date 28	123		
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.ni.gov FILED

APR 05 2023

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