



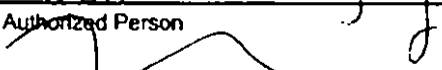
State of Rhode Island
Department of State - Business Services Division

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BUS. SVCS. DIV.

2023 APR -5 P 3:22

Annual Report for the year: 2023
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: • \$50.00 • owe \$50
- Penalty: • Additional \$25.00 fee if form is not filed by May 31.

| | | | |
|---|--|--|--------------------|
| 1. Entity ID Number <u>001700462</u> | | 2. Exact name of the Limited Liability Company <u>The Sevigny Group LLC</u> | |
| 3. NAICS Code <u>713940</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Health Clubs</u> | |
| 5. State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>970 Douglas pike</u> | | City <u>Smithfield</u> | State <u>RI</u> |
| | | Zip <u>02917</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>Robert Sevigny</u> | | Contact Title <u>owner</u> | |
| Street Address <u>291 Old Oxford Road</u> | | City <u>Smithfield</u> | State <u>RI</u> |
| | | Zip <u>02896</u> | |
| 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 <u>Robert Sevigny</u> | | Date <u>2/8/23</u> | |
| Signature of Authorized Person  | | | |

FILED

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BY IVLOW
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MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov