| State of Rhode Island Fee: \$50.00 |
|---|
| Office of the Secretary of State |
| Division Of Business Services 148 W. River Street |
| Providence RI 02904-2615 |
| 1636 (401) 222-3040 |
| Limited Liability Company Annual Report |
| Filing Period: February 1 - May 1 |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. |
| ANNUAL REPORT YEAR: 2023 |
| 1. ID No. <u>001744694</u> |
| 2. Exact Name of the Limited Liability Company <u>NXT Step Fitness, LLC</u> |
| 3. State of Formation |
| State: <u>RI</u> |
| ARTICLE III |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. |
| <u>812990</u> |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island |
| PERSONAL TRAINING, WORKOUT INSTRUCTION, AND NUTRITION COACHING SERVICES. ALL SERVICES ARE PROVIDED THROUGH AN ONLINE PORTAL AND ARE CONDUCTED REMOTELY. |
| 5. Principal Office Address |
| No. and Street: <u>47 WOOD AVE SUITE 2</u> |
| City or Town: BARRINGTON State: RI Zip: 02806 Country: USA |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: |
| Contact Name: SARA FULLERTON Contact Title: OWNER |
| No. and Street:92 TROUT DRIVECity or Town:MIDDLETOWNState: RIZip: 02842Country: USA |
| |

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NORTHWEST REGISTERED AGENT LLC 47 WOOD AVE SUITE 2 BARRINGTON , RI 02806

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of April, 2023 at 2:42:05 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SARA FULLERTON

Signature of Authorized Person

Form No. 632 Revised 09/07

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