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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

STAMP

→ 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 001680036	2. Exact name of the Limited Lia RI FITNESS LLC	bility Company		
3 NAICS Code 713940	Brief description of the character of business conducted in Rhode Island FITNESS AND RECREATIONAL SPORTS FACILITY			
5. State of Formation				
Rhode Island				
6. Principal Office Address	<u> </u>	City	State	Zip
145 Elmgrove Ave		Providence	RI	02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Michael Stevens		Contact Title Member		
Street Address 145 Elmgrove Ave		City Providence	State RI	^{Zıp} 02906
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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			Date _	
Michael Stevens			FG 2, 2074	
Signature of Authorized Person				

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

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