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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				
001709635	Providence Health Club				
3. NAICS Code 713 940 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island EXERC Se CUB				
RL					
6. Principal Office Address 257 wey 55e	t St	providence	State RT	21p 02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Michael Dibioin		Contact Title			
Street Address OU BOX 395		city Sondwith	State	21p 02563	
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 Nichael Dikion		Date / 12 / 2 }			
Signature of Authorized Person					

FILED UP

MAR 1 2 2024 BY SOCKA

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov