



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2024  
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.

**FILED  
STAMP**  
APR 25 2024  
BY *[Signature]*

1. Entity ID Number 001750421		2. Exact name of the Limited Liability Company 401 FITNESS STUDIO LLC	
3. NAICS Code 81990		4. Brief description of the character of business conducted in Rhode Island FITNESS STUDIO	
5. State of Formation RI			
6. Principal Office Address 55A CANAL ST		City WESTERLY	State RI
Zip 02891			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name TINA PAGLIUSI		Contact Title MEMBER	
Street Address 55A CANAL ST		City WESTERLY	State RI
Zip 02891			
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 TINA PAGLIUSI		Date 4/24/24	
Signature of Authorized Person <i>[Signature]</i>			

**MAIL TO:**  
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