



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 JUN 11 PM 3:50:04

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.

|   |  |  |                        |
|---|--|--|------------------------|
| 1. Entity ID Number<br><u>001721516</u>   |  | 2. Exact name of the Limited Liability Company<br><u>Rise Strength LLC</u>   |                        |
| 3. NAICS Code<br><u>713940</u>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Fitness and <del>motion</del> nutrition Services</u> |                        |
| 5. State of Formation<br><u>RI</u>  |  |  |                        |
| 6. Principal Office Address<br><u>1205 Westminister St</u>  |  | City<br><u>Providence</u>  | State<br><u>RI</u>     |
| Zip<br><u>02909</u>   |  |  |                        |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                        |
| Contact Name<br><u>Henry Lau</u>  |  | Contact Title<br><u>Owner</u>  |                        |
| Street Address<br><u>1205 Westminister St</u>   |  | City<br><u>Providence</u>  | State<br><u>RI</u>     |
| Zip<br><u>02909</u>   |  |  |                        |
| 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<br><u>Henry Lau</u>   |  |  | Date<br><u>6-11-24</u> |
| Signature of Authorized Person<br><u>Henry Lau</u>  |  |  |                        |

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JUN 11 2024

BY

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MAIL TO:

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