

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.

-> Penalty. Additional +				
	2. Exact name of the Limited Liat	bility Company		1
1. Entity ID Number	2. Exact hame of the	1.66	•	
001726630	4. Brief description of the charac) Z	de Island	
3. NAICS Code	4. Brief description of the charac	Met Of Dusiness contracts		l
812990	Personal Trains	ing		·
5. State of Formation				
/2I		City	State	Zip
6. Principal Office Address		= *	RT	182904
1 12 2 - 20 343.00	AT NEUTROU POE	N. Providence		
7 Mailing Address of Limited L	iability Company and Name or Title	e of Contact Person		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Perso Contact Title Contact Name				
		OWNER	la	Zip
Joseph Taylo	~	City Providence	State 7	02904
Street Address	Sections 40 Cla	N. Providence	1 (71-	
13/5 MINEME	SPRING AUE ation currently of record with the RI	Department of State is accurate	. Changes require	in schodules and
8. The Resident Agent informa-	ition currently of fecold with the	examined this report, including	any accompany	ing scriedules and
9. Under penalty of perjury,	ation currently of record with the RI I declare and affirm that I have e ements contained herein are tru	re and correct.	Date	
statements, and trial air statements			Date	
Name of Authorized Person				
Josyn	AVCUA			
Signature of Authorized Person	on /			
/ /m				 :

FILED

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 0 3 2024