	State of Rhod			Fee: \$50.00
	Office of the Secre Division Of Busin	-		
148 W. River Street				
Providence RI 02904-2615				
1630	(401) 222-3	3040		
Limited Liability Company Annual Report				
Filing Period: February 1 - May 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by				
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025				
1. ID No. <u>001762862</u>				
2. Exact Name of the Limited Liability Company <u>DFitness LLC</u>				
3. State of Formation				
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>713940</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
PERSONAL TRAINING AND GROUP CLASSES.				
5. Principal Office Address				
No. and Street:	372 CENTRAL AVE UNIT.10			
City or Town:	PAWTUCKET	State: <u>RI</u>	Zip: <u>02860</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name:				
No. and Street:	<u>372 CENTRAL AVE UNIT.10</u> 10			
City or Town:		State: <u>RI</u>	Zip: <u>02860</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				

## ALVARINO BARBOSA 184 BUCKLIN STREET PAWTUCKET , RI 02861

## 8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 8 Day of March, 2025 at 6:34:19 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>ALVARINO BARBOSA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2025 State of Rhode Island All Rights Reserved