

State of Rhode Island Department of State - Business Services Division

FILED

MAR 31 2025



BY 268

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.

1. Entity ID Number 001753623	2. Exact name of the Limited Liability Company BEST SELF: HEALTH & FITNESS, LLC				
3. NAICS Code 812990	4. Brief description of the cha	4. Brief description of the character of business conducted in Rhode Island PHYSICAL AND MENTAL HEALTH, FITNESS & AWARENESS CENTER			
5. State of Formation RI	PHYSICAL AND MEI				
6. Principal Office Address		City	State	Zip	
464 MAPLE AVENUE, SUITE 4		BARRINGTON	RI	02806	
7. Mailing Address of Limite	d Liability Company and Name or 1	Fitle of Contact Person	ı	ı	
Contact Name JONATHAN MACHADO		Contact Title PRESIDENT			
Street Address 464 MAPLE AVENUE, SUITE 4		City BARRINGTON	State RI	^{Zip} 02806	
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accurate	: Changes require	e filing Form 642.	
	y, I declare and affirm that I have tatements contained herein are t		any accompany	ving schedules and	
Name of Authorized Person			Date		
JONATHAN MACHA	NDO		3/22/25		
Signature of Authorized Per	Mulen		ı		

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