RI SOS Filing Number: 202571108590 Date: 4/21/2025 4:00:00 PM



State of Rhode Island

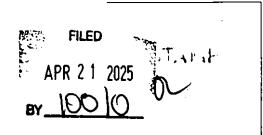
Department of State - Business Services Division

Annual Report for the year: 2025 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 | 2. Exact name of the Limited Liability Company | | | |
|--|--|--|-----------------|----------------------|
| 001709544 | PUSE, ILC | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | |
| 713900 | GROUP & PERSONA | GROUP & PERSONAL TRAINING SERVICES | | |
| 5. State of Formation | | | | |
| RI | | | | |
| 6. Principal Office Address | | City | State | Zip |
| 1164 DOUGLAS AVENUE, UNIT 6 | | NORTH PROVIDENCE | RI | 02904_ |
| 7. Mailing Address of Limite | d Liability Company and Nar | ne or Title of Contact Person | | |
| Contact Name SHANE M. CRONAN | | Contact Title MANAGER | | |
| Street Address 1164 DOUGLAS AVENUE, UNIT 6 | | City NORTH PROVIDENCE | State RI | Zip 02904 |
| 8. The Resident Agent infor | mation currently of record wi | th the RI Department of State is accurate | e. Changes requ | ire filing Form 642. |
| | l declare and affirm that I h atements contained hereir | ave examined this report, including a n are true and correct. | ny accompany | ing schedules and |
| Name of Authorized Person | | | Date | |
| SHANE M. CRONAN | | | 03/19/25 | |
| Signature of Authorized Per | son | | | |

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov