



State of Rhode Island
Department of State - Business Services Division

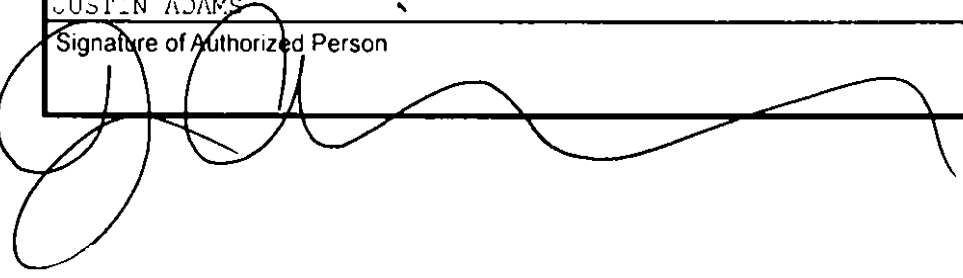
FILED 5/12/25

APR 24 2025

BY

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 001731019		2. Exact name of the Limited Liability Company JA FITNESS, LLC	
3. NAICS Code 812990		4. Brief description of the character of business conducted in Rhode Island PERSONAL/GROUP TRAINING	
5. State of Formation RI			
6. Principal Office Address 10 HAMPSHIRE STREET		City NORTH PROVIDENCE	State RI
		Zip 02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name JUSTIN ADAMS		Contact Title MEMBER	
Street Address 10 HAMPSHIRE STREET		City NORTH PROVIDENCE	State RI
		Zip 02904	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person JUSTIN ADAMS		Date 3/12/25	
Signature of Authorized Person 			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov