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## State of Rhode Island Department of State - Business Services Division

**STAMP** 

Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

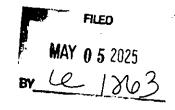
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED

R.I. DEPT. OF SAFAM DE STATE
BUS SYCS DIVISIONEY

2025 MAY -5 12 2: 53

1. Entity ID Number	2. Exact name of the Lin	nited Liability Company		
001676458	B.S.T. Strength	B.S.T. Strength & Conditioning LLC		
3. NAICS Code 812199		Brief description of the character of business conducted in Rhode Island     Personal Training and Physical Fitness Classes		
5. State of Formation				
6. Principal Office Address		City	State	Zip
250D South County Trail		Exeter	RI	02822
7. Mailing Address of Limit	ed Liability Company and Name	e or Title of Contact Person		
Contact Name Matthew W. Hood		Contact Title Owner		
Street Address PO Box 301		City	State	<sup>Zip</sup> 02822
8. The Resident Agent info	ormation currently of record with	the RI Department of State is ac	curate. Changes requir	e filing Form 642.
9 Under penalty of perio	irv. I declare and affirm that I	have examined this report, incl	uding any accompany	ring schedules and
statements, and that all statements contained herein are true and correct.  Name of Authorized Person			Date	
Name of Authorized Person	Matthew W. Hood		04/24/25	



MAIL TO:

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

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