



State of Rhode Island  
Department of State - Business Services Division

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

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<br>001693835                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>Newport Fitness LLC                           |             |
| 3. NAICS Code<br>713940                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>Fitness Facility |             |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                                 |             |
| 6. Principal Office Address<br>122 Touro Street                                                                                                                                                         |  | City<br>Newport                                                                                 | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02840                                                                                    |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                 |             |
| Contact Name<br>Francis S. Holbrook                                                                                                                                                                     |  | Contact Title<br>Registered Agent                                                               |             |
| Street Address<br>122 Touro Street                                                                                                                                                                      |  | City<br>Newport                                                                                 | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02840                                                                                    |             |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                 |             |
| 9. 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. |  |                                                                                                 |             |
| Name of Authorized Person<br>Francis S. Holbrook                                                                                                                                                        |  | Date<br>2/3/25                                                                                  |             |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                 |             |

**FILED**

**FEB 05 2025**

BY JOE TV  
DS

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)