



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter)

Federal Employer Identification Number: 455255073 (must be 9 digits)

Annual Report Filing Year: 2013

1.a. Exact name of the limited liability company: OLLI FITNESS, LLC

1.b. The exact name of the limited liability company as amended, is: OLLI FITNESS, LLC

2a. Location of its principal office:

No. and Street: 301 ALLSTON ST

APT 3

City or Town: BRIGHTON

State: MA

Zip: 02135

Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 301 ALLSTON ST

APT 3

City or Town: BRIGHTON

State: MA

Zip: 02135

Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

ONLINE-BASED WELLNESS CONSULTING SERVICES THAT PROVIDE CUSTOMIZED FITNESS, NUTRITIONAL, AND LIFESTYLE PROGRAM GUIDANCE.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: CASSANDRA D TAYLOR

No. and Street: 301 ALLSTON ST

APT 3

City or Town: BRIGHTON

State: MA

Zip: 02135

Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	CASSANDRA D TAYLOR	301 ALLSTON ST APT 3 BRIGHTON, MA 02135 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	CASSANDRA D TAYLOR	301 ALLSTON ST APT 3 BRIGHTON, MA 02135 USA

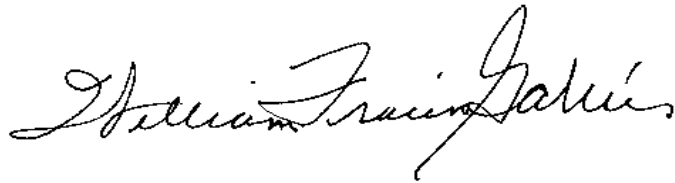
9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 6 Day of December, 2013,
CASSANDRA TAYLOR , Signature of Authorized Signatory.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

December 06, 2013 11:26 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style with a large initial 'W' and 'G'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth