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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: $50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 117977	*2. Exact name of the limited liability company* AQUIDNECK HEALTH, LLC
3. State of Formation RHODE ISLAND	*4. Brief description of the character of the business which is actually conducted in Rhode Island* ATHLETIC CLUB

5. Principal office address	*City*	*State*	*Zip*
66 VALLEY ROAD	MIDDLETOWN	RI	02842

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
KEVIN BUCK	

Street Address	*City*	*State*	*Zip*
66 VALLEY ROAD	MIDDLETOWN	RI	02842

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS

FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	*Manager Name*
KEVIN BUCK	
Street Address	*Street Address*
19 WILLIAM DRIVE	
City MIDDLETOWN *State* RI *Zip* 02842	*City* *State* *Zip*
Manager Name	*Manager Name*
Street Address	*Street Address*
City *State* *Zip*	*City* *State* *Zip*

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*
CHRISTINA M. OFFENBERG	1100 AQUIDNECK AVENUE
Address	*City* MIDDLETOWN, RI *Zip* 02842

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

1 1 7 9 7 7

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.

7/23/07

Signature of Authorized Person *Date*

KEVIN BUCK

Print or Type Name of Authorized Person

File Date FILED

Check No. SEP 21 2007

By: By 16009

FOR SECRETARY OF STATE USE ONLY

14283-7-185154

Form 632 Rev. 08/06