



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

A. Ralph Mollis, Secretary of State
Corporations Division
100 W. Broadway
Providence, RI 02903
(401) 271-2000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)&(c)) is subject to a penalty fee of \$25.00

1. Filing No. 140372		2. Name of the limited liability company Pharmavite LLC			
3. State of formation California		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail Sale of Dietary Supplements			
5. Principal office address 8510 Balboa Blvd., Suite 300		City Northridge	State CA	ZIP 91325	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Christine Burdick-Bell Contact Title Vice President & Counsel, Legal Affairs					
Street Address 8510 Balboa Blvd., Suite 300		City Northridge	State CA	ZIP 91325	
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) ☐					
Manager Name Connie Barry		Manager Name Hiromi Yoshikawa			
Street Address 8510 Balboa Blvd., Suite 300		Street Address 8510 Balboa Blvd., Suite 300			
City Northridge	State CA	ZIP 91325	City Northridge	State CA	ZIP 91325
Manager Name Hiroyoshi Settsu		Manager Name Shun Uchida and Hiroshi Inaka			
Street Address 8510 Balboa Blvd., Suite 300		Street Address 8510 Balboa Blvd., Suite 300			
City Northridge	State CA	ZIP 91325	City Northridge	State CA	ZIP 91325
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT Corporation System		Address			
Address 10 Weybosset Street		City Providence, RI		ZIP 02903	

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

140372

FILED

File Date	SEP 17 2007
Check No.	By 95206
By	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person
Date
Christine Burdick-Bell
Print or Type Name of Authorized Person