



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

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. ID No 140175		2. Exact name of the limited liability company Choice Weight and Wellness Centre, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Diet Nutrition Counselling			
5. Principal office address 15 McCormick Rd.		City Newport		State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lindy Prinster			Contact Title		
Street Address 15 McCormick Rd.		City Newport		State RI	Zip 02840
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			Manager Name		
Street Address			Street Address		
City	State	Zip	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 Mark B. Bardorf, Esq.			Address		
Address 36 Washington Square		City Newport		Zip 02840	

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

140175

FILED

File Date **OCT 02 2007**
Check No. **By 155**
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.

Lindy Prinster 9/27/07
Signature of Authorized Person Date
LINDY PRINSTER
Print or Type Name of Authorized Person