



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. 152582		2. Exact name of the limited liability company Larger Visions LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ALTERNATIVE HEALTHCARE AND COMMUNITY WELLNESS PROGRAMS		
5. Principal office address 194 Waterman St		City Providence	State RI	Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Kate Siner		Contact Title Manager		
Street Address 194 Waterman St		City Providence	State RI	Zip 02906
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) <input type="checkbox"/>				
Manager Name Kate Siner		Manager Name Tyler Francis		
Street Address 60 12th St		Street Address 60 12th St		
City Providence	State RI	Zip 02906	City Providence	State RI
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name TYLER FRANCIS		Address		
Address 17 WHITING STREET		City PROVIDENCE	Zip 02906	

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

2007 NOV - 5 AM 11:51
 CORPORATIONS DIV

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 11-30-07
 Print or Type Name of Authorized Person Kate Siner

File Date	FILED
Check No.	NOV 05 2007
By:	BY [Signature] 29-41402
FOR SECRETARY OF STATE USE ONLY	