



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

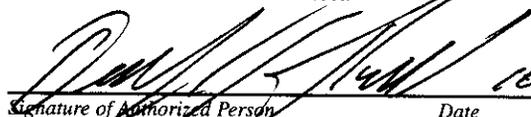
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

| | | | | | |
|---|-------|---|----------------------|---------------------|-----|
| 1. ID No. 160593 | | 2. Exact name of the limited liability company Powell Training & Nutrition Systems, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Personal training, strength conditioning, nutrition & Supplements | | | |
| 5. Principal office address 10 Brookfield Road, Suite c - 6 | | City Riverside | State RI | Zip 02915 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Oswaldo J. Powell | | Contact Title Member -CEO | | | |
| Street Address 10 Brookfield Road, Suite C-6 | | City Riverside | State RI | Zip 02915 | |
| 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 | | 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 ANTHONY DESISTO, ESQ. | | Address | | | |
| Address ONE TURKS HEAD PLACE, SUITE 1010 | | City PROVIDENCE | Zip 02903- | | |

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

| | |
|---------------------------------|--------------------|
| File Date | FILED |
| Check No. | NOV 01 2007 |
| By: | By 117 |
| 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.

 **10-30-07**
Signature of Authorized Person Date

Oswaldo J. Powell
Print or Type Name of Authorized Person