



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 2004

**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. 85912		2. Exact name of the limited liability company SIBN, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Health & Fitness Club			
5. Principal office address 12 Hillside Drive		City Cumberland		State RI	Zip 02864
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Susan MCKEE		Contact Title Manager			
Street Address 12 Hillside Drive		City Cumberland		State RI	Zip 02864
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Susan MCKEE		Manager Name			
Street Address 12 Hillside Drive		Street Address			
City Cumberland	State RI	Zip 02864	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 Daniel J. MCKEE		Address			
Address 41 Hillside Drive		City Cumberland		Zip RI	

41 Hillside Road

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

85912

File Date	<b>FILED</b>
Check No.	JUN 12 2008
By:	By <u>060540</u> 8:30
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.

Susan McKee 6/10/08  
Signature of Authorized Person Date  
Susan MCKEE  
Print or Type Name of Authorized Person