



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
401.222.3046

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1st - November 1st • 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. 000115554		2. Exact name of the limited liability company Healthy Lifestyle Networks International, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Provider of Wellness Products and Services	
5. Principal office address 2006 Nooseneck Hill Road		City Coventry	State RI
		Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David W. Pickering		Contact Title Founder / CEO	
Street Address 2006 Nooseneck Hill Road		City Coventry	State RI
		Zip 02816	
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 David W. Pickering		Manager Name	
Street Address 293 Grand View Drive		Street Address	
City Warwick	State RI	City	State
Zip 02886		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 David W. Pickering		Address	
Address 293 Grand View Drive		City Warwick, RI	Zip 02886

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

FILED

File Date JUL 01 2008
Check No. C
By 062386 11:07

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.

David W. Pickering 5/28/08
Signature of Authorized Person Date

David W. Pickering
Print or Type Name of Authorized Person