



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 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 126507		2. Exact name of the limited liability company HeadacheFree, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALE OF DIETARY SUPPLEMENTS			
5. Principal office address 227 CENTERVILLE ROAD		City WARWICK	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GARY L'EUROPA, M.D.			Contact Title MANAGER		
Street Address 227 CENTERVILLE ROAD		City WARWICK	State RI	Zip 02886	
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 GARY L'EUROPA, M.D.			Manager Name		
Street Address 227 CENTERVILLE ROAD		Street Address			
City WARWICK	State RI	Zip 02886	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

126507

FILED	
File Date	SEP 12 2011
Check No.	
By:	mmc
	1409
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.

Signature of Authorized Person _____ Date _____
GARY L'EUROPA, M.D., MANAGER
Print or Type Name of Authorized Person