



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2011

1. ID No. 000521295

2. Exact Name of the Limited Liability Company Healthy Vending RI, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

I have been planning to start a vending machine company where I have healthy pre-packaged foods and canned/bottled healthy beverages. I have not started the business as my trademark application is still pending and would rather wait until that has been confirmed to move forward. I also just went through a divorce which has set me back financially to get this business started

5. Principal Office Address

No. and Street: 127 NARRAGANSETT AVE

City or Town: BARRINGTON

State: MA

Zip: 02806

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MARY LYNN KOURTESIS Contact Title: PRESIDENT

No. and Street: 127 NARRAGANSETT AVE

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARY LYNN KOURTESIS 127 NARRAGANSETT AVE BARRINGTON , RI 02806

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

Signed this 24 Day of October, 2011 at 7:54:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MARY LYNN KOURTESIS
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2011 State of Rhode Island and Providence Plantations
All Rights Reserved