ALPH MO			
	State of Rhode Island and Pro Office of the Secreta		NS Fee: \$50.00
A 200	Division Of Business	Services	
	148 W. River S		
u	Providence RI 029		
6	(401) 222-304		
etary of S	(401) 222-304	+0	
Limited Liability Cor	npany		
Annual Report	1 - November 1		
	7-16-66(d), each limited liability com		to
	thirty (30) days after the time prescribe	ed by law (R.I.G.L.	
7-16-66(b&c)) is subject to	a penalty fee of \$25.00.		
ANNUAL REPORT YEAR	R: <u>2011</u>		
1. ID No. <u>00016473</u>	<u>2</u>		
2. Exact Name of the L	imited Liability Company <u>BRISTO</u>	L YOGA STUDIO, LI	<u>LC</u>
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of t	he Character of the Business Which	is Actually Conducte	d in Rhode Island
		is Actually Conducte	d in Rhode Island
4. Brief Description of t YOGA INSTRUCTIO	<u>N</u>	is Actually Conducte	d in Rhode Island
YOGA INSTRUCTIO	N	is Actually Conducte	d in Rhode Island
YOGA INSTRUCTIO	<u>N</u> ess P.O. BOX 1219	-	
YOGA INSTRUCTIO	N_ ess P.O. BOX 1219 BRISTOL State: <u>RI</u>	Zip: <u>02809</u>	Country: <u>USA</u>
YOGA INSTRUCTIO	<u>N</u> ess P.O. BOX 1219	Zip: <u>02809</u>	Country: <u>USA</u>
YOGA INSTRUCTION 5. Principal Office Addr No. and Street: City or Town: 6. Mailing Address of L	N ess P.O. BOX 1219 BRISTOL State: <u>RI</u> imited Liability Company and Name	Zip: <u>02809</u>	Country: <u>USA</u>
YOGA INSTRUCTION 5. Principal Office Addr No. and Street: City or Town: 6. Mailing Address of L Contact Name: Contact	N ess P.O. BOX 1219 BRISTOL State: <u>RI</u> imited Liability Company and Name	Zip: <u>02809</u>	Country: <u>USA</u>
YOGA INSTRUCTION 5. Principal Office Addr No. and Street: City or Town: 6. Mailing Address of L Contact Name: Contact No. and Street: 116	N ess P.O. BOX 1219 BRISTOL State: <u>RI</u> imited Liability Company and Name Title: 5 BAYVIEW AVENUE	Zip: <u>02809</u>	Country: <u>USA</u>
YOGA INSTRUCTION 5. Principal Office Addr No. and Street: City or Town: 6. Mailing Address of L Contact Name: Contact No. and Street: 116 City or Town: BR	N ess P.O. BOX 1219 BRISTOL State: RI imited Liability Company and Name Title: 5 BAYVIEW AVENUE ISTOL State of Each Manager of the Limited Liability	Zip: <u>02809</u> e or Title of Contact Po te: <u>RI</u> Zip: <u>02809</u>	Country: <u>USA</u> erson: Country: <u>USA</u>
YOGA INSTRUCTION 5. Principal Office Addr No. and Street: City or Town: 6. Mailing Address of L Contact Name: Contact No. and Street: 116 City or Town: BR 7. Name and Address of	N ess P.O. BOX 1219 BRISTOL State: RI imited Liability Company and Name Title: 5 BAYVIEW AVENUE ISTOL State of Each Manager of the Limited Liability	Zip: <u>02809</u> e or Title of Contact Po te: <u>RI</u> Zip: <u>02809</u> bility Company, if App	Country: <u>USA</u> erson: Country: <u>USA</u>
YOGA INSTRUCTION 5. Principal Office Addr No. and Street: City or Town: 6. Mailing Address of L Contact Name: Contact No. and Street: 116 City or Town: BR 7. Name and Address of L DO NOT LIST MEMBE	N ess P.O. BOX 1219 BRISTOL State: RI imited Liability Company and Name Title: 5 BAYVIEW AVENUE ISTOL State of Each Manager of the Limited Liab ERS	Zip: <u>02809</u> e or Title of Contact Po te: <u>RI</u> Zip: <u>02809</u> bility Company, if App	Country: <u>USA</u> erson: Country: <u>USA</u> licable.
YOGA INSTRUCTION 5. Principal Office Addr No. and Street: City or Town: 6. Mailing Address of L Contact Name: Contact No. and Street: 116 City or Town: BR 7. Name and Address of L DO NOT LIST MEMBE Title	N ess P.O. BOX 1219 BRISTOL State: RI imited Liability Company and Name Title: 5 BAYVIEW AVENUE ISTOL State of Each Manager of the Limited Liab First, Middle, Last, Suffix	Zip: <u>02809</u> e or Title of Contact Po te: <u>RI</u> Zip: <u>02809</u> bility Company, if App Add	Country: <u>USA</u> erson: Country: <u>USA</u> licable. ress
YOGA INSTRUCTION 5. Principal Office Addr No. and Street: City or Town: 6. Mailing Address of L Contact Name: Contact No. and Street: 116 City or Town: 8. RESIDENT AGENT IN	N ess P.O. BOX 1219 BRISTOL State: RI imited Liability Company and Name Title: 5 BAYVIEW AVENUE ISTOL State of Each Manager of the Limited Liab ERS Individual Name	Zip: <u>02809</u> e or Title of Contact Po te: <u>RI</u> Zip: <u>02809</u> bility Company, if App Add	Country: <u>USA</u> erson: Country: <u>USA</u> licable.

Signed this 14 Day of November, 2011 at 7:42:34 AM 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 <u>ADAM M. RAMOS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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