



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:** 2012

**1. ID No.** 000140372

**2. Exact Name of the Limited Liability Company** Pharmavite LLC

**3. State of Formation**

State: CA

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

RETAIL SALE OF DIETARY SUPPLEMENTS

**5. Principal Office Address**

No. and Street: 8510 BALBOA BOULEVARD  
SUITE 100

City or Town: NORTHRIDGE State: CA Zip: 91325 Country: USA

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

Contact Name: Contact Title:  
No. and Street: 8510 BALBOA BOULEVARD  
SUITE 100

City or Town: NORTHRIDGE State: CA Zip: 91325 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	DOUG MACLEAN MR.	8510 BALBOA BLVD., SUITE 100 NORTHRIDGE, CA 91325 USA
MANAGER	NORKO TOJO MS.	8510 BALBOA BLVD., SUITE 100 NORTHRIDGE, CA 91325 USA
MANAGER	KUMIKO KUROKI MS.	8510 BALBOA BLVD., SUITE 100 NORTHRIDGE, CA 91325 USA
MANAGER	MASAYUKI KOBAYASHI MR.	8510 BALBOA BLVD., SUITE 100 NORTHRIDGE, CA 91325 USA
MANAGER	HIROSHI INAKA MR.	8510 BALBOA BLVD., SUITE 100 NORTHRIDGE, CA 91325 USA
MANAGER	CONNIE BARRY MS.	8510 BALBOA BLVD., SUITE 100 NORTHRIDGE, CA 91325 USA

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

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

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

**Signed this 7 Day of September, 2012 at 3:30:49 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 DOUG MACLEAN  
Signature of Authorized Person

Form No. 632  
Revised 09/07