RALPH MOIL	State of Rhode Island and Providence Plantations Fee: \$50 Office of the Secretary of State			
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040				
Limited Liability Com Annual Report Filing Period: September 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: 2013				
1. ID No. <u>000541888</u>				
2. Exact Name of the Limited Liability Company ROYAL HEALTH & WELLNESS LLC				
3. State of Formation				
State: <u>RI</u>				
4. Brief Description of th <u>Wellness center</u>	e Character of the Business Which	is Actually Conducted in	Rhode Island	
5. Principal Office Address				
No. and Street: <u>154 WATERMAN ST</u> <u>SUITE 10A</u>				
City or Town: <u>PRO</u>	<u>OVIDENCE</u> State:	<u>RI</u> Zip: <u>02906</u> Co	ountry: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 154 WATERMAN ST SUITE 10A City or Town: PROVIDENCE State: RI Zip: 02906 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 KAPEDJANIE BOIS 154 WATERMAN ST STREET SUITE 10A PROVIDENCE, RI 02906				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 15 Day of August, 2013 at 11:29:39 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>KAPEDJANIE BOIS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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