



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 571422		2. Exact name of the limited liability company IDEAL WEIGHT LOSS LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island WEIGHT LOSS CLINIC			
5. Principal office address 2 Wake Robin Road		City Lincoln		State RI	Zip 02865
Contact Name Joseph Raheb		Contact Title Attorney			
Street Address 650 Washington Hwy.		City Lincoln		State RI	Zip 02865
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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STATE
CORPORATIONS DIV

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

FRANK M. D'ALESSANDRO, M.D.

Print or Type Name of Authorized Person