

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

148 W. River Street, Providence, Rhode Island 02904-2615

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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. 793023 | | 2. Exact name of the limited liability company Better Bodies, LLC | | | | | |
|---|-----------------------|--|------------------------------------|-----------------------------|--|--|--|
| 3. State of Formation | | Brief description of the character of business conducted in Rhode Island Personal Training | | | | | |
| 5. Principal office address 104 Blueberry Lane | | | City Jamestown | State RI | Zip 02835 | | |
| Contact Name Anne Beneville | THE LABIL | TY COMPANY AND | Contact Title | EFSOIL | cides (estados es | | |
| Street Address 104 Blueberry Lane | • | | City Jamestown | State RI | Zip 02840 | | |
| 7. LIST ALL MANAGERS ("X" BOX FOR ATTACH | (HAMES AND ADI | PRESSES) OF THE | LIMITED EIABILITY COMPANY, IF | APPLICABLE - <u>DO</u> | NOT LIST MEMBERS | | |
| Manager Name | | | | Manager Name | | | |
| Street Address | | | Street Address | <u> </u> | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | <u></u> . | Street Address | | | | |
| Dity | State | Zip | City | State | Zip | | |
| RESIDENT ASIENT IN R | | | | ionekaj albumaniona nastali | arran san arata mengentari | | |
| nis information is curren | ntly of record in the | Office of the Secr | retary of State. Changes require f | iling Form 642. | | | |

| File Debe | FILED Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements contained herein are true and correct. | | |
|---------------------------------|--|---|-----------------|
| Check No. | SEP 3 0 2013 | Signature of Authorized Person | 9-19-13 Date |
| FOR SECRETARY OF STATE USE ONLY | 31767 | Print or Type Name of Authorized Person | |

Form No. 632 Revised: 01/2012