



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 14S W. River Street, Providence, Rhode Island 02904-2615
 Pitons: (401) 222-3040 — Email: corpomtions@sos.ri.gov Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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. 788607		2. Exact name of the limited liability company NA Ventures LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To buy, sell, invest, improve and hold real and personal property.			
5. Principal office address c/o Cosmed Group, Inc., 28 Narragansett Avenue		City Jamestown	State RI	Zip 02835	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Michael L. Howe, Ph.D.			Contact Title Manager		
Street Address c/o Cosmed Group, Inc., 28 Narragansett Avenue		City Jamestown	State RI	Zip 02835	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("V. BOX FOR ATTACHMENT)					
Manager Name Michael L. Howe, Ph.D.		Manager Name			
Street Address c/o Cosmed Group, Inc., 28 Narragansett Avenue		Street Address			
City Jamestown	State RI	Zip 02835	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This Information Is currently of record In the Office of the Secretary of State. Changes require filing Form 642.					

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 SECRETARY OF STATE
 CORPORATIONS DIV

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SEP 11 2014

BY Ch 232055

File Date _____

Check No _____

By: _____

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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.

September 9, 2014

Signature of Authorized Person _____ Date

Michael L. Howe, Ph.D., Manager

Print or Type Name of Authorized Person