



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 114400		2. Exact name of the limited liability company PARTNERS IN HEALTH AND WELLNESS, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to lease office space			
5. Principal office address 50A Office Parkway			City East Providence	State RI	Zip 02914-0000
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard A. Dannenfelsler			Contact Title Member		
Street Address 50A Office Parkway			City East Providence	State RI	Zip 02914-0000
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Richard A. Dannenfelsler			Manager Name Edward Keenan		
Street Address 321 Anawan Street			Street Address 7 Sassafras Trail		
City Rehoboth	State MA	Zip 02769	City Narragansett, RI	State RI	Zip 02882
Manager Name Donya Powers			Manager Name Carole Coates		
Street Address 72 Overhill Road			Street Address 934 Bullocks Point Avenue		
City Providence	State RI	Zip 02906	City East Providence	State RI	Zip 02915
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Laurie R. Kiely			Address 16 Eton Road		
Address			City Barrington	State RI	Zip 02806

This report must be signed in ink by an authorized person pursuant to 7-16-66.

File Date	11/18/03
Check No.	1128
By:	
FOR SECRETARY OF STATE USE ONLY	

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 2, 2003
Signature of Authorized Person Date
Richard A. Dannenfelsler **Member**
Print or Type Name of Authorized Person

Item #7 continued...

Manager's Name:
Laurie R. Kiely
16 Eton Road
Barrington, RI 02806

Manager's Name:
Elizabeth M. Snow
291 Norwood Avenue
Cranston, RI 02905