State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services Lift we street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Final Period. September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or relusing to file its annual report within thiry (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b.E.C) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2015 1. ID No. 000793074 2. Exact Name of the Limited Liability Company Eat Well - Live Well, LLC 3. State of Formation State: RI State of Formation State: SI State of Formation State: SI State of Formation State: SI State: SI Zip: 02906 Country: USA 6. Mailing Address No. and Street: S40 COLE AVENUE City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: TIMOTHY Contact Title: BROWN No. and Street: S40 COLE AVENUE City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA Contact Name: Timothy States of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
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9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).	TOBIAS LEDERBERG	19 WEYBOSSET STREET, 2ND FLC	OR PROVIDENCE	, <u>RI</u> <u>02903</u>	
	9. This report must be ex	recuted by an authorized person p	ursuant to R.I.G.L.	7-16-66 (b).	

Signed this 19 Day of May, 2016 at 10:18:25 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>TIMOTHY BROWN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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