s	tate of Rhode Island and Pro Office of the Secreta		5 Fee: \$50.00
	Division Of Business 148 W. River S		
	Providence RI 0290 (401) 222-30		
TOPE ()			
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2016			
1. ID No. <u>001011448</u>			
2. Exact Name of the Limited Liability Company <u>THE FUEL Nutrition LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code 6 44-45			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
RETAIL SALES OF NSF CERTIFIED SUPPLEMENTS.			
5. Principal Office Address			
No. and Street: 1598 S	SOUTH COUNTY TRAIL		
		State: <u>RI</u> Zip: <u>02818</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: <u>1598 SOUTH COUNTY TRAIL</u> City or Town: <u>EAST GREENWICH</u> State: RI Zip: <u>02818</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addres	s
	First, Middle, Last, Suffix	Address, City or Town, Stat	e, Zip Code, Country
MANAGER	CAROLEEN MARIE JONES	1598 SOUTH C EAST GREENWICH,	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JAMES O. REAVIS 245 WATERMAN STREET, SUITE 109 PROVIDENCE, RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 9 Day of September, 2016 at 12:13:52 PM 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>CAROLEE JONES KANDEL</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved