s s	tate of Rhode Island and Pro Office of the Secreta		PNS Fee: \$50.00		
	Division Of Business 148 W. River St				
Providence RI 02904-2615					
HORE	(401) 222-3040				
TOPE					
Limited Liability Com	pany				
Annual Report Filing Period: September 1	- November 1				
to file its annual report withi	7-16-66(d), each limited liability comp n thirty (30) days after the time presc		-		
16-66(b&c)) is subject to a	penalty fee of \$25.00.				
ANNUAL REPORT YEAR:	2016				
1. ID No. <u>001657769</u>	2				
2. Exact Name of the Limited Liability Company <u>BreathOn Demand.com LLC</u>					
3. State of Formation					
State: <u>RI</u>					
	ARTICLE III				
Using the following NAICS	codes, please select the code that b	est describes your bus	iness.		
NAICS Code		6	<u>44-45</u>		
4. Brief Description of the	e Character of the Business Which	is Actually Conduct	ed in Rhode Island		
RETAIL ENTITY PROV	/IDING THE SALES OF CPAP,B	IPAP AND RESPIR	ATORY		
EQUIPMENT.					
5. Principal Office Addres	SS				
	APOLEON STREET	a DI <b>7</b> 5 02002			
City or Town: <u>WES</u>	<u>T WARWICK</u> Stat	e: <u>RI</u> Zip: <u>02893</u>	Country: <u>USA</u>		
6. Mailing Address of Lir	nited Liability Company and Name	e or Title of Contact P	erson:		
	Contact Name: CHRISTINE RUZZO Contact Title: OWNER				
		No. and Street: <u>21 NAPOLEON ST</u>			
No. and Street: 21 No.	NAPOLEON ST				
No. and Street: 21 No.		<u>Zip: 02893</u>	Country: <u>USA</u>		
No. and Street: 21 M City or Town: WE	NAPOLEON ST   ST WARWICK   State: R   Each Manager of the Limited Liab		·		
No. and Street: 21 N City or Town: WE 7. Name and Address of DO NOT LIST MEMBER	NAPOLEON ST ST WARWICK State: R Each Manager of the Limited Liab	ility Company, if App	blicable.		
No. and Street: 21 M City or Town: WE 7. Name and Address of	NAPOLEON ST   ST WARWICK   State: R   Each Manager of the Limited Liab	bility Company, if App Add	·		

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

CHRISTINE RUZZO 21 NAPOLEON STREET WEST WARWICK , RI 02893

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

**Signed this 29 Day of October, 2016 at 1:01:00 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 CHRISTINE RUZZO

Signature of Authorized Person

Form No. 632 Revised 09/07

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