



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 BUSINESS DIVISION

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Annual Report for the year: 2014
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 1799601		2. Exact name of the Limited Liability Company APPLIED NUTRITION CENTER, LLC			
3. NAICS Code 62		4. Brief description of the character of business conducted in Rhode Island Nutrition counseling one to one, lecturing and consulting.			
5. State of Formation RI					
6. Principal Office Address 2 Richmond Sq		City Providence	State RI	Zip 02906	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name NORA B. ASWAD		Contact Title owner			
Street Address 277 Nayatt Rd		City Barrington	State RI	Zip 02806	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person NORA B. ASWAD				Date 11/2/2016	
Signature of Authorized Person 					

FILED ↙

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BY CA 287639

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MAIL TO:
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