

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 2005

	ABILITY CO		NUAL REPORT F	OR THE YE	AR			
(FORM MUST BE TYPE	ED OR PRINTED IN BLA	_						
7. ID No. 126507	2. Exact name of the line HeadacheFree, LI	Exact name of the limited liabilty company						
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND	1 '	IETARY SUPPLEMBI	•	eu in knobe isiona				
	<u> </u>	4						
5. Principal office address 227 CENTERVILLE ROAD			City WARWICK	State RI	Zip 02886-			
6. MAILING ADDI	RESS OF LIMITED	LIABILITY COMP.	ANY AND NAME OR TITLE	OF CONTACT PI	RSON:			
Contact Name			Contact Title					
GARY L'EUROPA	A, M.D.		· .					
Street Address 227 CENTERVILL	Sireei Address 227 CENTERVILLE ROAD			State RI	<i>Zip</i> 02886 -			
			.WARWICK					
7. NAME AND ADI	FILL IN S	PACES BEFORE USIN	LIMITED LIABILITY CO. G ATTACHMENTS ("X" BOX JIRES FILING OF AMENDMENT.	FOR ATTACHMENT)				
Manager Name			•Manager Name					
GARY L'EUROPA	A, M.D.		•					
Street Address		•	· Street Address					
227 CENTERVILI	LE ROAD		·					
City	State	Zip	*City	State	Zip			
WARWICK Manager Name	RI	02886	Manager Name					
Sircei Address			*Street Address		·			
			•					
City	State	Zip	City	State	Zip			
6 DESIDENCY CEN	T IN DUONE ICI'AN		hanges require filling of	540 010				
Agent Name	I IN KHODE ISLAN	D-DONOT ALTER- C	Address	FORM 642 - K.I.G.L.	7-16-11			
CYNTHIA J. WAR	REN			56 EXCHANGE TERRACE				
Address			City	ERIONCE	Zip			
Auu/633	00/753		PROVIDENCE					
<u></u>			PROVIDENCE		02903-			
This report must he	signed in ink by a	n authorized person	pursuant to 7-16-66.					
	2 6 5 0 7				ffirm that I have examined schedules and statements,			
File Date	9/13/05 03:32:06 PM FILED NOV 0 2 2005			nents contained harein				
	y Kmc	_	GARY L	EUROPA, M.I)			
By: D	STATE LISE ONLY IA	 -81.801		of Milhorized Person	<u> </u>			
FOR SECRETARY OF	SIAIE USE ONLY	[0]DO			Form 632 Rev. 6/02			



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Rhode Island	Sale or	dietary suppler	nents					
5. Principal office address			Ciry	State	Zip			
227 Centerville Road			Warwick	Rhode Island	02886			
6. MAILING ADDI	RESS OF LIMITED	JABILITY COMPA	NY AND NAME OR TITLE C	F CONTACT PERSON:				
Gary L'Eur	opa, M.D.		. Manager					
Street Address		·	City	State	Zip			
227 Centery			. Warwick	Rhode Island	02886			
7. NAME AND ADI	DRESS OF EACH M. FILL IN SP. ANY MODIFICATIONS	ANAGER OF THE I ÁCES BEFORE: USING TO MANAGERS REQU	LIMITED LIABILITY COMP ATTACHMENTS \$\(\frac{1}{2}\)	ANY; IF APPLICABLE: DR АТТАСИМЕNТ) [] (1) I.G. U7-16-12 (8) (2) [7-16-5				
Manager Name			• Manager Name					
Gary L'Euro	pa, M.D.		<u> </u>					
Street Address			• Street Address					
227 Centery.		Ta:	•	State	T7:_			
Warwick	State Rhode Isl	Zip and 02886	City	Siate	Zip			
Manager Name			Manager Name					
Street Address			*Street Address	•				
City	State	Zip	City	State	Zip 05 /			
8. RESIDENT AGE	NT IN RHODE ISLANI	D-DO NOT ALTER- CH	langes require filing of Fo	rm 642 - R.I.G.L. 7-16-11				
Agent Name			Address		क्ष अस			
Cynthia J. Warre	en, Esq.		Cameron & Mittleman LLP					
Address		••	City	Zip	المائية سي			
56 Exchange Terrace			Providence, R	I 02903	N-1			
					PH 2: 12			
_				FILED				
This report must be	e signed in ink by an	authorized person	pursuant to 7-16-66.	EB 17 2005				
			B	y AME				
"				51007				
			this report, including	jury, I declare and affirm that any accompanying schedule ts contained herein are true a	s and statements,			
File Date	<u> </u>	_		((/)				
Check No		_	Signature of Authorized		16/05 •			
<i>B</i> <u>y,</u>		_	Gary L'En	uropa, M.D.				
FOR SECRETARY OF	STATE LISE ONLY		Print or Type Name of	Authorized Person				



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Filing Period: Septemb (FORM MUST BE TYPED)		Filing Fee: \$50	1.00	/K IME IE	AK	_		
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Rhode Island	Sale of	dietary supplem	nonts					
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227 Centerville Road			Warwick	Rhode Is				
6. MAILING ADDRES	SS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PE	RSON:	· · · · · ·		
Gary L'Europa, M.D.			Contact Title Manager					
Street Address			City	State	Zip			
227 Centervil		· · · · · · · · · · · · · · · · · · ·	• Warwick	Rhode Is				
A	FILL IN SP.	ACES BEFORE USING	IMITED LIABILITY COMI ATTACHMENTS (E C.X.) BOX F RES FILING OF AMENDMENT (R	OR ATTACHMENT)				
Manager Name			· Manager Name					
Gary L'Europa,	M.D.		•					
	Street Address 227 Centerville Road			• Street Address				
City	State	Zip	*City	State	Zip			
Warwick	Rhode Isl	and 02886	• • • • • • • • • • • • • • • • • • • •					
Manager Name			Manager Name	• • • • • • • • • • •	• • • • • • • • • • •	• • • •		
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT I	N RHODE ISLAND)-DO NOT ALTER- Ch:	anges require filing of Fo	rm 642 - R.I.G.I.S	 	 		
Agent Name			Address					
Cynthia J. Warren, I	Esq		Cameron & Mittleman LLP					
Address			City	City Zip &				
56 Exchange Te	errace		Providence, R	RI	02903			
				FILE	710::5 61/5 PH 2: 12 D	Y Dr. of the		
This report must be sig	ned in ink by an	authorized person p	ursuant to 7-16-66.	FEB 17	_			
B1 11878 f	(818 6119) 8111) 88111 188			Δ				
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File DateCheck No			this report, including and that all statements and that all statements and that all statements and the statements are statements.	any accompanying sits contained herein and	firm that I have examined chedules and statements, the true and correct. 02/16/05 Date			
FOR SECRETARY OF STATE	TE USE ONLY	_	Gary L'Eur Print or Type Name of	Authorized Person				
_					Form 632 1	kev. 6/02		