



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
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 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 85912		2. Exact name of the limited liability company SIBN, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HEALTH & FITNESS CLUB	
5. Principal office address 41 ROSEMERE ROAD		City Cumberland	State R.I.
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DANIEL J. MCKEE		Contact Title	
Street Address 41 ROSEMERE ROAD		City Cumberland	State R.I.
		Zip 02864	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE: FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name SUSAN MCKEE		Manager Name	
Street Address 41 ROSEMERE ROAD		Street Address	
City Cumberland	State R.I.	City	State
Zip 02864		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DANIEL J. MCKEE		Address	
Address 41 ROSEMERE ROAD		City CUMBERLAND	Zip 02864

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 8 5 9 1 2 *

File Date 12/2/03
Check No. 2402
By:

FOR SECRETARY OF STATE USE ONLY

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.

11/1/03
Signature of Authorized Person Date

DANIEL J. MCKEE
Print or Type Name of Authorized Person



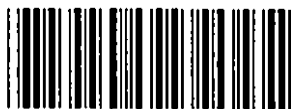
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 85912		2. Exact name of the limited liability company SIBN, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HEALTH & FITNESS CLUB	
5. Principal office address 41 ROSEMERE ROAD		City CUMBERLAND	State R.I.
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DANIEL J. MCKEE		Contact Title MANAGER	
Street Address 41 ROSEMERE ROAD		City CUMBERLAND	State R.I.
		Zip 02864	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name SUSAN MCKEE		Manager Name DANIEL J. MCKEE	
Street Address 41 ROSEMERE ROAD		Street Address 41 ROSEMERE ROAD	
City CUMBERLAND	State R.I.	City CUMBERLAND	State R.I.
Zip 02864		Zip 02864	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DANIEL J. MCKEE		Address	
Address 41 ROSEMERE ROAD		City CUMBERLAND	Zip 02864

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 8 5 9 1 2 *

File Date	11-26-02
Check No.	2472
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	

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.

[Signature] 11/1/02
Signature of Authorized Person Date
DANIEL J. MCKEE
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 85912

Annual Report for the year 2001

1. The name of the limited liability company is:

SIBN, LLC

2. The address of the principal office of the limited liability company is:

600 SOCIAL Street, Woonsocket, R.I. 02895

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: DANIEL J. MCKEE

41 ROSEMERE ROAD, CUMBERLAND, R.I. 02864

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 600 SOCIAL Street

WOONSOCKET, R.I. 02895 Attn: DANIEL J. MCKEE

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Engage in the running of a Health Club

7. If the limited liability company has managers, list the name and address of each manager:

Name

Address

MCKEE

41 ROSEMERE ROAD, CUMBERLAND, R.I. 02864

Date: 1/22/02

FILED

JAN 22 2002

By RMF
280056

Resident

By

SIBN, LLC

Exact Name of Limited Liability Company

By

Daniel J. McKee

Resident Agent

Title



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 85912

Annual Report for the year 2000

1. The name of the limited liability company is:

SIBN, LLC

2. The address of the principal office of the limited liability company is:

600 Social Street, Woonsocket, R.I. 02895

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: DANIEL J. MCKEE

41 ROSEMERE ROAD, CUMBERLAND, R.I. 02864

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 600 Social Street

Woonsocket, R.I. 02895

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Engage in the Running of a Health Club

7. If the limited liability company has managers, list the name and address of each manager:

NAME	ADDRESS
<u>Susan McKee</u>	<u>41 ROSEMERE ROAD, CUMBERLAND, R.I. 02864</u>
<u>2</u>	
<u>JAN 22</u>	

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.

Date: 1/22/02 **FILED**

JAN 22 2002
By DMF
280036

SIBN, LLC
Exact Name of Limited Liability Company

By Daniel McKee
Resident Agent
Title

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 85912

Annual Report for the year 1999

1. The name of the limited liability company is:

SIBN, LLC

2. The address of the principal office of the limited liability company is:

600 Social Street Woonsocket, R.I. 02895

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: DANIEL J. MCKEE

41 ROSEMERE ROAD CUMBERLAND, RI 02864

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 600 Social Street Woonsocket R.I. (Location of Business)

(Mailing Address) DANIEL J. MCKEE - 41 ROSEMERE ROAD, Cumberland, R.I.

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this

state: Engage in the running of a Health Club and Activities
Directly Related thereto

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Susan McKee

41 ROSEMERE ROAD

Cumberland, R.I. 02864

Dated 2-8-00

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.

SIBN, LLC

Exact Name of Limited Liability Company

By

Susan McKee

MANAGER

Title

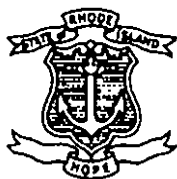
FOR SECRETARY OF STATE USE ONLY

File Date: 2-10-00

Check No.: 2314

By: AMF

Form No. 632
Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 85912Annual Report for the year 1998

1. The name of the limited liability company is:

SIBN, LLC

2. The address of the principal office of the limited liability company is:

600 SOCIAL STREET, WOBAN SOCKET, R.I. 02895

3. The state or other jurisdiction under the laws of which it is formed is:
- RHODE ISLAND

4. The name and address of its resident agent is:
- DANIEL J. MCKEE, 41 ROSEMERE ROAD, CUMBERLAND, R.I. 02864

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:
- 41 ROSEMERE ROAD, CUMBERLAND, RHODE ISLAND

ATTN: DANIEL J. MCKEE

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state:
- Engage in the Running of a health club and activities
-
- Directly Related thereto

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

SUSAN MCKEE41 ROSEMERE ROAD, CUMBERLAND, R.I. 02864Dated 7/19, 19 99

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.

SIBN, LLC

Exact Name of Limited Liability Company

FILED

JUL 19 1999

By CET 83596By Susan McKee (manager)

Title

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 05-0487794

Annual Report for the year 1997

1. The name of the limited liability company is:

SIBN, LLC

2. The address of the principal office of the limited liability company is:

600 SOCIAL STREET, WOONSOCKET, R.I.

3. The state or other jurisdiction under the laws of which it is formed is: R.I.

4. The name and address of its resident agent is: SUSAN MCKEE

41 ROSEMERE ROAD CUMBERLAND, R.I.

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 600 SOCIAL STREET, WOONSOCKET, R.I.

SUSAN MCKEE

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: HEALTH + FITNESS CLUB

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

SUSAN MCKEE

41 ROSEMERE ROAD, CUMBERLAND, R.I. 02824

Dated 3/14, 19 98

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.

FILED

MAR 17 1998

By CC 2007

SIBN, LLC

Exact Name of Limited Liability Company

By

Susan McKee

Manager

Title

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1

State of Rhode Island and Providence Plantations

Office of the Secretary of State
Corporation Division
100 North Main Street
Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D.# 85912

Annual Report for the year 1996

FIRST: The name of the limited liability company is: SIBN, LLC

SECOND: The address of the principal office of the limited liability company is:

2180 Mendon Road, Cumberland, RI 02864

THIRD: The state or other jurisdiction under the laws of which it is formed is: Rhode Island

FOURTH: The name and address of its resident agent is:

Antonio Afonso, Jr., Tillinghast Collins & Graham, Ten Weybosset Street,
Providence, RI 02903

FIFTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

2180 Mendon Road
Cumberland, RI 02864 Attn: Susan McKee

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

Engage in the running of a health club and activities directly
related thereto

Dated June 12, 1997

SIBN, LLC

Exact Name of Limited Liability Company

File Date: _____
Check No: _____
By: _____
For Secretary of State Use Only

By: Susan McKee
*To be signed in the manner required by the home state.
Susan McKee
Title: Manager

FILED

JUN 13 1997

FORM LLC-19 7/95

By: cc 1017

ANTONIO AFONSO, JR.
TILLINGHAST, COLLINS & GRAHAM
TEN WEYBOSSET STREET
PROVIDENCE, RI 02903

RECEIVED
SECRETARY OF STATE
JUN 13 11 24 AM '97