

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_ Filing Period: September 1 - November 1 • Filing Fee: \$50.00

2003

(FORM MUST BE TYPED OR PRINTED IN BIACK)							
1. ID No.	2. Exact nan	2. Exact name of the limited liability company					
85912	5912 SIBN, LLC						
3. State of Formation	4. (	Brief description of the	character of the business whic	th is actually conducted in Rhode Island	d		
RHODE ISLAND	H	HEALTH & FITNESS	S CLUB				
5. Principal office address  41 Rosewere Road  6. Mailing Address of Limited Liability Company and Name			Conser (aws	State R.L.		02864	
L		J. MCH Mene Ri		Contact Title			
Street Address 41	Rose	mere Ro	AO	Cambeelows	State R. I	. <del>-</del>	02864
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY FILL IN SPACES BEFORE USING ATTACHM ANY MODIFICATIONS TO MANAGERS REQUIRES FILING			HMENTS ("X" BOX FOR AT	TACHMENT)			
SUSAN MCKEE  Street Address 41 ROSEMERE ROAD  Cliv-Chmbelans R.I. Zip 02864				Manager Name			
Street Address 41 R	OSEM	ERE RO	40	Street Address			
Chubela.	Sid.	RI.	21p 02864	City	State		Ztp
Manager Name				Manager Name			
Street Address		_		Street Address			
City .	Sta	nie .	Zíp	City·	State		Ztp
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name  DANIEL J. MCKEE			require filing of Form 642 - Address	R.1.G.L. 7-10	6-11	1	
41 ROSEMERE ROAD			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. 2407	
Ву:	
FOR SECRETARY OF STATE USE ONLY	

	penalty of perjury,			
meludi	ng any accompanyi	ing schedules a	nd statements, and	that all statement
contair	ed herein are true	and correct.		
(_)	mel th	Lee	11/1/0	3
Signatu	re of Authyriked Per	rson	Date	
7	ANIEL .	J. M	CKRE	
Print o	r Type Name of Auth	orized Person		
			Earn	632 Pay 7/03



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002							
Filing Period: September 1 - November 1 • Filing Fee: \$50.00							
(FORM MUST BE TYP)			101.				
85912	2. Exact name of SIBN, LLC	f the limited lia	ibilly company				
	1	( d	A section of the first	150			
3. State of Formation	i i	i aescripiion oj LTH & FITNES	*	s which is actually conducted in Rho	de Island		
RHODE ISLAND	neA	LIN & FIINES	22 CLUB				
5. Principal office addr		A	<u> </u>	City	State		Zip ~ ~///
41 ROSE	MERE	ROAD		CUM BERLAND	KI	<u>.                                    </u>	02864
	RESS OF LIM	ITED LIAB	ILITY COMPANY A.	ND NAME OR TITLE OF C	ONTACT PI	ERSON:	
Contact Name DHW	L J.	MCK	EE	Contact Title MANN 9E	r		
Street Address / R	OSE ME	RE R	OAO	: Cumberano	Sioic	·	02.864
7. NAME AND ADD	RESS OF EA	TH MANAG	ER OF THE LIMITE	D LIABILITY COMPANY, I	FAPPLICAL	BLE	
			BEFORE USING ATTA			_	
	ANY MODIFIC	ATIONS TO MA	ANAGERS REQUIRES F	ILING OF AMENDMENT. R.I.G.L	7-16-12 (a) (2)	/ 7-16-52	
Manager Name 545A.1							
Street Address 41 Ros	TEM ERB	E ROM	10	Street Address ROSE NA	erē R	Conp	
Cy pube la	State	本	02864	Cumb Epland Manager Name	Stage		7.ip 02.864
Street Address	-		<del></del>	Street Address			
				•			
City	State		Zip	.Cig.	State		Ζίρ
8. RESIDENT AGE:	YT IN RHODE	ISLAND-DO	NOT ALTER- Change	s require filing of Form (	542 - R.I.G.L.	7-16-11	<del></del> -
Agent Name	8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11  Address						
DANIEL J. MCKEE							
Address				City		Zip	
41 ROSEMERE ROAD	)	•	•	CUMBERLAND		02864	
<u> </u>				<u> </u>	-	1	

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



File Date	11.24-02
Chuck No.	2472
B <u>y:</u>	- Zi
FOR SECRE	ETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I I	
this teport, including any accompanying schedules at and that all statements contained herein are true and	nd statements,
and that an statement contained herein are true and	conect.
Carrel In Tel	1/1/02
Signature of Autifurized Person Date	7 -7 -0
_ DANIEL J. MCKEE	
Print or Type Name of Authorized Person	
<del></del>	Form 632 Rev. 6/02

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 200
1.	The nam	e of the limited liabili $SIBN$ ,	·
2.		· · · · · ·	ce of the limited liability company is:  Start, Woonsocket, RI 02895
3.	The state	or other jurisdiction	nder the laws of which it is formed is: Rho De Is (unp
4.		e and address of its r	Sident agent is: DANIEL J. MCKER LIENE ROAD, Camber Long, R.I. 02864
5.		ications may be direc	of the limited liability company and the name or title of a person to who dare: 600 SUCIAL STREET  CKKT, RIT 02895 NHn: DANIEL J. MCKE
6.	state	tatement of the char	ter of the business in which the limited liability company is actually engaged in the the Running of A Health Club
7.	E S	Name  Mc/CEC	as managers, list the name and address of each manager:  Address  41 Roskmane Rapo, Cumberland, Rit. 028
For	m No. 632 vised: 01/99	13AN 22 2002 By AMD 28005	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, a that all statements contained herein are true and correct.  513N LC  Exact Name of Limited Liability Company  By  Res 10ent  Title

To be filed annually between September 1 and November 1



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

	ENVITED LIABILITY CONFANT
ID	Number 83 912 Annual Report for the year 2000
1.	The name of the limited liability company is:
	SIBN, CCC
2.	The address of the principal office of the limited liability company is:  600 Social Street, Woowsocket, R.T. 02895
3.	The state or other jurisdiction under the laws of which it is formed is: Rhope Is Com
4.	The name and address of its resident agent is: DAWIEL J. MCKRR
	41 ROSK MERE ROND, Camber Cano, RII 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
	Woow socket, RIT 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 n Health Club
7.	If the limited liability company has managers, list the name and address of each manager:
	Address Address
i	Sissuson McKres 41 ROSEMENE ROMD, Cumberland, RIT. 02860
	11 11 CO
	000 <b>&amp;</b>
	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.
Da	ste: 1/22/FILED SIBW, LLC Exact Name of Limited Liability Company
	JAN 22 2002 By anel by ter
	By AMIE  Resident Agent
For	m No. 632

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 <u>LL 85912</u>	Annual Report for the year 1999	
1.	The name of the limited liability company is	s:	
	SIBN, LLC		
2.	The address of the principal office of the line	• • •	
3.		WOON FOCKET, R.T. 02895 ws of which it is formed is RHODE ISLAND	
4.	The name and address of its resident ager	nt is: DANIEL J. MCKEE	
	41 ROSEMERE ROAD CUMBERLAND,	RI 02864	
5. ( من ودمن	The current mailing address of the limited may be directed are: 600 S&C/DANIEL J. MCKE	liability company and the name or title of a person to whom communications in STREET WOONSOCKET RIT. (Coentising)  16 - 41 ROSEMERE RURD, Cumber (uns, RIT.	
<ol> <li>7.</li> </ol>	state: ENGRGE IN THE RUN.	business in which the limited liability company is actually engaged in this ming of a Health Club awa Activities  Calatea there to  irs. the name and address of each manager of the limited liability company  Address	
	Susan McKee	41 ROSE MERE ROAD Cumber LAND, Ret. 02864	
Da	ted 2-8-00 * 8 5 9 1 2 *	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.  SIBW, LLC  Exact Name of Limited Liability Company	
	FOR SECRETARY OF STATE USE ONLY Date: 2-10-00	By Susan McKee  MANAGER  Title	
	ck No.: 43/4	MAWAGER	
Зу:	AMF	Form No. 632 Revised 01/99	

્ર <u>ન્યું</u> Filing Fee: \$50.00

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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

	LIMI	TED LIABILITY COMPANY
ID	Number <u>85912</u>	Annual Report for the year
1.	The name of the limited liability company is $S/BN$ , $LL$	
2.	The address of the principal office of the lin	nited liability company is: Et, Woon Socket, RII 02895
3. 4.		t is: DANIEL J. MCKER, 41 ROSEMERK LAND, R.I. OZAGY
5.	The current mailing address of the lim	HI ROSEMENE ROAD, CUMBERLAND,  AHN WANIEL J. MCKEE
	state: Engage in the Runn Directly Rec	ousiness in which the limited liability company is actually engaged in this interests.  A there is agers, the name and address of each manager of the limited liability
	company Name	Address
	Susan McKea	41 ROSKMENE ROAD, Cumberlano, R.T. 02869
Da	ated 7/19 , 19 <u>99</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.  SIBN, LLC
	FILED	Exact Name of Limited Liability Company
	JUL 1 9 1999 CC\$ 5-3596	By Susan Me Kee (manager)
		Title

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 <u>05- 04877</u> 94	Annual Report for the year		
1.	The name of the limited liability company is $SIBN$ ,			
2.	The address of the principal office of the line	mited liability company is:  Street, Woowsocket, R.I.		
3.	The state or other jurisdiction under the lav	~~ ·		
4.	The name and address of its resident agen			
	41 ROSEMENE	ROAD Cumberland, RIT.		
5.		nited liability company and the name or title of a person to whom		
	communications may be directed are: Susav M Kだて	600 Social Street, Woonsucket, R.I.		
6.	A brief statement of the character of the state: HEALTH + F, the	business in which the limited liability company is actually engaged in this		
7.	company	agers, the name and address of each manager of the limited liability		
	Name	Address		
	SUSAW MCKEE	41 Rose Mere Roxo, Cumberlans, R. I och		
Dat	ed 3/14 ,19 <u>98</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.		
	FILED	SIBN, CLC		
	MAR 1 7 1998	Exact Name of Limited Liability Company		
	By (C2007	By Susan Mike		
		Manager		
_		Title ()		

Form No. LLC-19 Revised 8/97

#### 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.# 8	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 limit	ed liability company ls:		
	2180 Mendon Road, Cumberland, RI	02864		
THIRD:	): The state or other jurisdiction under the laws	of which it is formed is: Rhode Island		
FOURTH:	t: The name and address of its resident agent	s:		
	Antonio Afonso, Jr., Tilling	hast Collins & Graham, Ten Weybosset Street,		
	Providence, RI 02903			
FIFTH:	H: The current mailing address of the limited communications may be directed are:	liability company and the name or title of a person to whom		
•	, Cumberland, RI 02864 Attn:	Susan McKee		
	Engage in the running of a h related thereto	ealth club and activities directly.  N. LLC		
Dated		Exact Name of Limited Liability Company		
File Date:	:	Lugan McKle		
	o:	*To be signed in the manner required by the home state. Susan McKee		
By:	Title	Manager		
For Sec	acretary of State Use Only			
	FILED			
	JUN 1 3 1997			
FORM LLC-19				