

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Proindence, RI 02904-2615
401-222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _ 2005

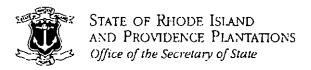
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

	name of the limited liabili SSENTIA	ry company L HEALTH	1, LCC		
3. State of Formation	4 Brief description of the	character of the husiness whi	ch is actually conducted in Rhode Isla	ind	· ·
Rnoch Island	MASSAC	DE THERA	PY		
5 Principal office address 1243 Mineral Spring Ave Suik # 215		N Providence	State R 1	02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name		OR TITLE OF CONTACT PERSON: Contact Title			
Michelle Huyler		owner			
Street Address 916 Mineral Spring Ave		Pawtucket	State R 1	02860	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 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 Manager Name					
Street Address		Street Address			
City	State	2.p	City	State	Zφ
Manager Name		Manager Name			
Street Address			Street Address	- w. -	03.0
City	State	Zip	City	State	Zip 🖂
Agent Name		1	require filing of Form 642 Address	- R.I.G.L. 7-16-11	27 AU
Michelle Address fg Olly Mine	eral Sprin	is Am	Car Parent Jaket	R1 OLS	-U 5

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

	including any accompanying schedules and statements, and that all statement contained herein are true and correct.
FILED	
Check No BEC 27 2005	Michelle Athlifler 12/27/05 Signature of Authorized Person Date
By 30	Michelle Huyler
FOR SECRETARY OF STATE (SE ONLY	Print or Type Name of Authorized Person

Under penalty of perjury, I declare and affirm that I have examined this report.



Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

		_				
1 ID No.						
129036	29036 Essential Health, LLC					
3 State of Formation	, , , , , ,	,	ich is actually conducted in Rhode Isl	and		
Rhodi Island Massage Therapy 5 Principal office address State State 210						
5 Principal office address				State	210	
1243 Mineral Spring Ave. SuiTE=215		NProvidence	RI	02904		
6. MAILING ADDRES	S OF LIMITED LIABIL	ITY COMPANY AND NAME	OR TITLE OF CONTACT PE	RSON:	·	
Contact Name			Contact Tule			
MICHETTE	Huyler		DIUMER			
Street Address	1		City	State	Z:p	
916 Mine	ral Spring	Auc.	Pawner Pawnekit	RI	02860	
7. NAME AND ADDR			ILITY COMPANY, IF APPLIC		T MEMBERS	
			CHMENTS ("X" BOX FOR			
,	MODIFICATIONS TO	MANAGERS REQUIRES FII	ING OF AMENDMENT, R.I.C.	L. /-10-12 (a) (2) / /	-10-52	
Manager Name			Manager Name			
· · · · · · · · · · · · · · · · · · ·				_		
Street Address		Street Address				
	·	· · · · · · · · · · · · · · · · · · ·				
City	State	Z:p	City	State	Zφ	
• • • • • • • • • • • • • • • • • • •			: ::	l 	J. 🚭	
Manager Name		Manager Name				
			:			
Street Address			Street Address		C 2	
	Τ.	T	-	_ ,		
CHY	State	Zıp	City	State	Zip	
O DESIDENT ACENT	TIN DRODE ISLAND	DO NOT ALTER Changes	: require filing of Form 642	 		
Agent Name	I IN KHODE ISLAND	DO NOT ALTER - Changes	Address	: - K.I.G.L. /-10-11	- 호	
i "		**************************************				
Micheile A. Huyle				<u>တ ႏွံ့</u>		
Address		City	Zip			
Eg 916 Nineral Spring Am		Pawtucket	, R1 02	\$60		

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

File Date FILED Check No. DEC 27 2005	
FOR BY STATE TO OKI	>30

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

Michelle At	huse	21	12/27/05
Signature of Authorized Person		Date	

MICHELL Huyler Print or Type Name of Authorized Person