



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

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 2005

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

1 ID No <u>129036</u>		2 Exact name of the limited liability company <u>ESSENTIAL HEALTH, LLC</u>	
3 State of Formation <u>Rhode Island</u>		4 Brief description of the character of the business which is actually conducted in Rhode Island <u>MASSAGE THERAPY</u>	
5 Principal office address <u>1243 Mineral Spring Ave Suite #215</u>		City <u>N Providence</u>	State <u>RI</u>
		Zip <u>02904</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Michelle Huyler</u>		Contact Title <u>owner</u>	
Street Address <u>916 Mineral Spring Ave</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> 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		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
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <u>Michelle A Huyler</u>		Address	
Address <u>916 Mineral Spring Ave</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	

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

File Date DEC 27 2005

Check No. 85330

By Michelle Huyler

FOR SECRETARY OF STATE USE ONLY

Michelle A Huyler 12/27/05  
Signature of Authorized Person Date

Michelle Huyler  
Print or Type Name of Authorized Person



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# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

1 ID No. <u>129036</u>		2 Exact name of the limited liability company <u>Essential Health, LLC</u>	
3 State of Formation <u>Rhode Island</u>		4 Brief description of the character of the business which is actually conducted in Rhode Island <u>Massage Therapy</u>	
5 Principal office address <u>1243 Mineral Spring Ave. Suite 215</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02904</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Michelle Huyler</u>		Contact Title <u>Owner</u>	
Street Address <u>916 Mineral Spring Ave.</u>		City <u>Pawtucket</u>	State <u>R.I.</u>
		Zip <u>02860</u>	
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Agent Name <u>Michelle A. Huyler</u>		Address	
Address <u>Eg 916 Mineral Spring Ave<sup>P</sup></u>		City <u>Pawtucket, RI</u>	Zip <u>02860</u>

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

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Michelle A. Huyler 12/27/05  
Signature of Authorized Person Date  
Michelle Huyler  
Print or Type Name of Authorized Person