



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 130258		2. Exact name of the limited liability company NutriFit, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Nutrition and wellness education.	
5. Principal office address 230 Waseca Avenue		City Barrington	State RI
		Zip 02806	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Roberts Rachel Anderson, RD, LDN		Contact Title Manager	
Street Address 18 Maple Avenue #284		City Barrington	State RI
		Zip 02806	
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 Rachel Roberts		Manager Name	
Street Address 18 Maple Avenue		Street Address	
City Barrington	State RI	City	State
Zip 02806		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 THOMAS M. MADDEN, ESQ. Rachel Roberts		Address	
Address ONE DAVOL SQUARE 18 Maple Avenue #284		City Barrington	State RI
		City PROVIDENCE	State RI
		Zip 02804	Zip 02903

FILED

OCT 24 2005

RLC
M 90355

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
05 OCT 24 AM 11:45



File Date	*130258*
Check No.	
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.

Rachel Roberts
Signature of Authorized Person

Date

Rachel Roberts
Print or Type Name of Authorized Person



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Address ONE DAVOL SQUARE		City PROVIDENCE		Zip 02903-	

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



FILED
OCT 25 2004
By AME
48158

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 _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Rachel Anderson, RD, LDN 9/1/04
Signature of Authorized Person Date

Rachel Anderson, RD, LDN
Print or Type Name of Authorized Person