

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

Matthew A. Ermen, Secretary of State

Corporations Dies 100 North Math. S. Providence, RI 02903-1

(FORM MUST BE TYPE	IABH ember 1 DOR PRIS	LITY COMPANY ANNUAL November 1 • Filing Lee: \$50.00 STED IN BIACK)	REPORT FOR T	HE YEAR _	2005	401.222
1.7/2.5% 130393	1. Evac	name of the limited liability company G ESSENCE PHYSICAL THERAPY & HERB	AL PHARMACY I.C			
4. Brief description of the charge		4. Brief description of the character of the business in OPERATION OF A PHYSICAL THERAPY I				
5. Principal office address 3 Richmond S		•	City	State	Zip	
6. MAILING ADDR	eguare Ess of L	IMITED LIABILITY COMPANY AND NAM	Providence E OR TITLE OF CONTACT F	RI PERSON:	0290)3
17		Cillone	Contact Title			

Sinvit Address City 69 Chestnut Road State Zip North Kingstown 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE RI 02852 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 Sinct Address City State City Zip Manager Name Manager Name Street Address Sirver Address City State 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 Address MICHAEL A. IALONGO, JR. ESQ. Address City 145 PHENIX AVENUE 7.Y)

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

CRANSTON

ile Date 10/19	130393			
heck No. 1475	5/			
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FOR SECRET	ARY 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.

02920-

Kerri Lee Ialongo Gillette Print or Type Name of Authorized Person



State of Rhode Island and Providence Plantations Office of the Secretary of State

100 North Main Str Providence, RI 02903-13 401.222.36

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Matthew A. Brown, Secretary of State

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AMITED LIABILITY COMI	ANY ANNUAL REPORT FOR THE YEAR _	2004
lling Period: September 1 - November 1 🧪 🔸	Filing Fee: \$50.00	

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02320	145 PHENIX AVENUE			1 '		'		
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This report must be signed in ink by an authorized person pursuant to R.J.G.L. 7-16-66.

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File Date _	11/2/04			
Check No	1277			
Ву:	₩,			

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.

Stenature of Authorized Person Jule 10-27-04

Kerri Lee Jalongo, President Print or Type Name of Authorized Person