



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

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2008

**1. ID No.** 000283403

**2. Exact Name of the Limited Liability Company** Wabi Sabi Way LLC

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

WAbi Sabi Way holds retreats and workshops to help people find peace and Joy in their lives and gives tools to help continue to live with peace and joy.

**5. Principal Office Address**

No. and Street: 150 FOREST AVE.  
City or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: KIM FULLER Contact Title: CO-OWNER  
No. and Street: P.O BOX 214  
City or Town: NEWPORT State: RI Zip: 02842 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KIM FULLER	150 FOREST AVENUE MIDDLETOWN, RI 02842 USA
MANAGER	RACHEL BALABAN MRS.	88 OLIPHANT LANE MIDDLETOWN, RI 02842 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

KIM FULLER 150 FOREST AVENUE MIDDLETOWN , RI 02842

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

**Signed this 5 Day of September, 2008 at 3:06:06 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KIM FULLER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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