



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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: 2011

1. ID No. 000541956

2. Exact Name of the Limited Liability Company Blessed Beginnings, LLC

3. State of Formation

State: RI

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

Blessed Beginnings offers Massage Therapy Services including Swedish Massage, Prenatal Massage, Postpartum Massage and Chair Massage. Birth and Postpartum Doula Services, Childbirth Education and Photography Services are also offered to our clientele.

5. Principal Office Address

No. and Street: 24 SALT POND ROAD
UNIT A-1

City or Town: SOUTH KINGSTOWN State: RI Zip: 02879 Country: USA

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

Contact Name: KIM MCNIECE Contact Title: OWNER

No. and Street: 249B STONY FORT ROAD

City or Town: WEST KINGSTON State: RI Zip: 02892 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
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

KIM MCNIECE 249 B STONY FORT ROAD WEST KINGSTON , RI 02892

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

Signed this 31 Day of May, 2012 at 2:01:08 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 MCNIECE
Signature of Authorized Person

Form No. 632
Revised 09/07

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