RALPH MORE State	e of Rhode Island and Pro Office of the Secreta	
Secretary of State	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 14-2615
Business Corporation Annual Report Filing Period: January 1 - March	1	
	2-1501(e), each corporation failir lays after the time prescribed by l e of \$25.00.	
ANNUAL REPORT YEAR: 20	<u>13</u>	
1. Corporate ID No. 000	<u>529836</u>	
2. Name of Corporation \underline{TH}	IE DEVINE TOUCH, INC.	
3. Street Address Principal E	Business Office:	
	<u>GH STREET</u> <u>ERLY</u> State: <u>RI</u>	Zip: <u>02891</u> Country: <u>USA</u>
4. Business Phone No.		
4013152405		
5. State of Incorporation		
State: <u>RI</u>		
6. Brief Description of the Cl	naracter of Business Conducte	d in Rhode Island
To engage in the business of	providing massage therapies.	
7. Names and Addresses of	the Officers and Directors:	
	must be listed. If officers and/o applicable; please delete.	or directors have been elected, the title
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	LORI DEVINE	126 EAST AVENUE WESTERLY, RI 02891 USA
TREASURER	LORI DEVINE	126 EAST AVENUE WESTERLY, RI 02891 USA
SECRETARY	LORI DEVINE	126 EAST AVENUE WESTERLY, RI 02891 USA
DIRECTOR	LORI DEVINE	

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	8,000.00	0
or individuals signing this i signatory, under penalties of act and deed of the corpora electronic filing, in complia	of perjury, that this in ution, and that the fac	estrument is that indiv cts stated herein are t	idual's act and d	eed or the
By <u>LORI DEVINE</u> Signature of Authorized F <u>PRESIDENT</u>		-		
By <u>LORI DEVINE</u> Signature of Authorized F	Representative of the C	Corporation	the form and he/s	she is not