



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>110904</b>		2. Exact name of the limited liability company <b>A Touch of Health Massage Co., LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Massage Company</b>			
5. Principal office address <b>74 Riverside Drive</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02915</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Judith Antonelli</b>		Contact Title <b>Member</b>			
Street Address <b>74 Riverside Drive</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02915</b>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

OCT 01 2013

BY

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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.

Signature of Authorized Person

Date

**Judith Antonelli, Member**

Print or Type Name of Authorized Person