



**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. <u>162726</u>		2. Exact name of the limited liability company <u>Diane Reeves, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Hypnosis, Reiki, Readings</u>			
5. Principal office address <u>26 Cosmo St.</u>		City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF THE CONTACT PERSON</b>					
Contact Name <u>Diane Reeves</u>		Contact Title <u>Owner</u>			
Street Address <u>26 Cosmo Street</u>		City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**OCT 09 2013**

BY 484

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.

Diane Reeves  
Signature of Authorized Person

10/8/13  
Date

Diane Reeves  
Print or Type Name of Authorized Person