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: 2014

1. ID No. 000851850

2. Exact Name of the Limited Liability Company Centered Change LLC

3. State of Formation

State: RI

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

We grow intimate communities of women through facilitated dialogue where women can share and learn from each other's experiences in a safe and trusting environment. Dialogues can occur at our facility, online or onsite with an existing women's group.

2. We explore going deeper into the many facets of living from our center through our online resources, webinars, seminars and speaking engagements.

3. We support women in connecting to their center to make life changes through individual coaching and group change journeys.

4. We create systemic change by connecting women to opportunities to make a difference in the lives of other women in our local communities.

5. Principal Office Address

No. and Street: 145 WATERMAN STREET
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

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

Contact Name: DONNA SAMS Contact Title: PARTNER
No. and Street: 48 MCCLELLAN STREET
City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

0-9869-0

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	TEJAL TARRO	28 SOPHIA LANE GREENVILLE , RI 02828 USA
MANAGER	DONNA SAMS	48 MCCLELLAN STREET PROVIDENCE, RI 02909 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DONNA M. SAMS 48 MCCLELLON STREET PROVIDENCE , RI 02909

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

Signed this 22 Day of September, 2014 at 2:31:36 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 DONNA SAMS
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations
All Rights Reserved