



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
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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>000842528</u>		2. Exact name of the limited liability company <u>Healing in Harmony Wellness LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Massage & wellness Center</u>			
5. Principal office address <u>185 Putnam Pike</u>		City <u>Chapack</u>	State <u>RI</u>	Zip <u>02814</u>	
Contact Name <u>Kerri L Anderson</u>		Contact Title <u>Owner</u>			
Street Address <u>303 Chestnut Hill Rd</u>		City <u>Chapack</u>	State <u>RI</u>	Zip <u>02814</u>	
Manager Name <u>Kerri L Anderson</u>		Manager Name			
Street Address <u>303 Chestnut Hill Rd</u>		Street Address			
City <u>Chapack</u>	State <u>RI</u>	Zip <u>02814</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

THIS INFORMATION IS CURRENTLY OF RECORD IN THE OFFICE OF THE SECRETARY OF STATE. CHANGES REQUIRE FILING FORM 642.

FILED

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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

Kerri Anderson
Print or Type Name of Authorized Person