

## 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 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.

Contact Name Judith Antonelli  Street Address TA Riverside Drive  City Manager Name  Manager Name  Street Address  City Manager Name  Street Address  City State Zip	1. Entity ID No.		2. Exact name of the limited liability company				
Rhode Island  5. Principal office address 74 Riverside Drive  Contact Name Judith Antonelli Street Address 74 Riverside Drive  Contact Title Member  Street Address  City East Providence RI  State Jup Jup Judith Antonelli Street Address  City East Providence RI  Zip Jup Jup Jup Jup Jup Jup Jup Jup Jup Ju	110904	A Touch of	A Touch of Health Massage Co., LLC				
Street Address City East Providence RI Zip 02915  Contact Name Judith Antonelli Street Address 74 Riverside Drive  Manager Name Manager Name  Street Address City East Providence RI Zip 02915  Manager Name  Manager Name  Street Address Street Address City State Zip City State Zip Manager Name  Street Address City State Zip City State Zip  Manager Name  Street Address City State Zip  Manager Name  Street Address City State Zip  Manager Name  Street Address City State Zip  City State Zip  Manager Name  Street Address City State Zip  City State Zip	3. State of Formation	4. Brief descript	4. Brief description of the character of business conducted in Rhode Island				
Contact Name Judith Antonelli  Street Address 74 Riverside Drive  City East Providence City East Providence RI  City East	Rhode Island	Massage C	Massage Company				
Street Address 74 Riverside Drive  City East Providence RI  Zip 02915  Manager Name  Manager Name  Street Address  City State Zip City State Zip City State Zip City State Zip  City State Zip  Manager Name  Street Address  City State Zip  City State Zip  Manager Name  Street Address  City State Zip  City State Zip  City State Zip  City State Zip							
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	Street Address			Street Address			
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Form No. 632 Revised: 01/2012 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.

Date

Signature of Authorized Berson

Judith Antonelli, Member

Print or Type Name of Authorized Person