

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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

Filing Fee: \$50.00 · FAILURE TO FUE THIS BE

		THIS REPORT B	Y DECEMBER 1 WILL RESU	ILT IN A \$25.00 PE	NALTY FEE.
1. Entity ID No.	2. Exact name of the limited liability company				
954565	Jala	Studio:	Yoga & AA	LLC	
3. State of Formation	4. Brief descrip	tion of the character	of husiness conducted in Phade	island	
81	Yoga	Studii	s and art gal	lery offering	daily yoya classes
5. Principal office address 285 South F	lain St		ound ort gal Cityovidence	State	Zip 03403
6. MAILING ADDRESS OF LIMP Contact Name	TED LIABILITY (OMPANY AND NAI	ME OR TITLE OF CONTACT PE	RSON:	
	ryott		Contact Title		
388 Benefit S		<u> </u>	Providence	State	Zip 07903
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRE) 🔲 🖟 🖟 🖟	SSES) OF THE LIM	TED LIABILITY COMPANY, IF A	PPLICABLE - DO N	OT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
Dity	State	Zip	City	State	7
Manager Name					Zip
			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State ,	Zip
RESIDENT AGENT IN RHODE	ISLAND :	handa 150 ng Laynar News			2 Zip
his information is currently of r	ecord in the Off	ice of the Secretary	of State. Changes require filin	a Form 642	
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					- 音号
FILED					PR SEE
SEP 2 1 2015					3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
BY 02567	945				

File Date Check No FOR SECRETARY OF STATE USE ONLY

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.

Print or Type Name of Authorized Person