



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 2015

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. 677616		2. Exact name of the limited liability company Lisa R. Carr, LLC	
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Lisa R. Carr, LLC offers nutrition, health coaching and personal training to medical practices and fitness facilities desiring to offer additional services to members.	
5. Principal office address 9 Nottingham Way		City Cumberland	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lisa Carr		Contact Title LLC Member	
Street Address 9 Nottingham Way		City Cumberland	State RI
		Zip 02864	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
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
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

SEP 30 2015

BY 1196

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Lisa R Carr 9/26/15
Signature of Authorized Person Date

Lisa R Carr
Print or Type Name of Authorized Person