State of Rhode Island and Providence Plantations Office of the Secretary of State Fee: \$50.0 Division Of Business Services 148 W. River Street Providence: RI 02904-2615 (401) 222-3040 Secretary of State United Liability Company Annual Report Fee: \$10,000,000,000,000,000,000,000,000,000,				
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company (401) 222-3040 Limited Liability Company failing or relusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- (36-66(b&l)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2016 1. ID No. 001017163 2. Exact Name of the Limited Liability Company GaneSha, LLC 3. State of Formation State: RI ARTICLE III Using the following NAICS codes, please select the code that best describes your business: NAICS Code 81 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island YOGA STUDIO PROVIDING YOGA INSTRUCTION CLASSES AND WORKSHOPS. 5. Principal Office Address No. and Street: 14 BARTLETT AVE, City or Town: Zip: 02905 Country: USA 6. Maining Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: MEMBER No. and Street: 91 YNDON ROAD Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	St.			ons Fee: \$50.0
Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R1.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: 2016 1. ID No. 001017163 2. Exact Name of the Limited Liability Company Ganesha, LLC 3. State of Formation State: RI ArtTICLE III Using the following NAICS codes, please select the code that best describes your business. NAICS Code §1 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island YOGA STUDIO PROVIDING YOGA INSTRUCTION CLASSES AND WORKSHOPS. 5. Principal Office Address No. and Street: 14 BARTLETT AVE. CIty or Town: Zip: 02905 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: TARA KELLEY Contact Title: MEMBER No. and Street: YUNDON ROAD City or Town: CRANSTON State: RI Zip: 02905 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, If Applicable. DO NOT LIST MEMBERS Country: USA				
(401) 222-3040 Limited Liability Company Filing Period: September 1 - November 1 In accordance with R1CL T- 716-66(d), each limited liability company falling or refusing to file its annual report within thirly (30) days after the time prescribed by law (R.I.G.L. 7- ANNUAL REPORT YEAR: 2016 1. ID No. 001017163 2. Exact Name of the Limited Liability Company Ganesha, LLC 3. State of Formation State: RI ARTICLE III Using the following NAICS codes, please select the code that best describes your business. NAICS Code 81 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island YOGA STUDIO PROVIDING YOGA INSTRUCTION CLASSES AND WORKSHOPS. 5. Principal Office Address No. and Street: <u>14 BARTLETT AVE.</u> City or Town: <u>CRANSTON</u> State: RI Zip: 02905 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: MEMBER No. and Street: <u>14 PNON ROAD</u> Contact Title: MEMBER No. an				
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No. and Street: 9 LYNDON ROAD CRANSTON State: RI Zip: 02905 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	6. Mailing Address of Lim	ited Liability Company and Name	or Title of Contact	Person:
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DO NOT LIST MEMBERS Title Individual Name Address			Zip: <u>02905</u>	Country: USA
	City or Town: <u>CRA</u>			nlicable
	7. Name and Address of E		oility Company, if Ap	phicable.
	7. Name and Address of E DO NOT LIST MEMBER	S		
	7. Name and Address of E DO NOT LIST MEMBER	S Individual Name	Ad	dress

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TARA KELLEY 9 LYNDON ROAD CRANSTON, RI 02905

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

Signed this 9 Day of September, 2016 at 10:24:51 AM 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 <u>TARA J. KELLEY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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