HOSE

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:	2016	
Limited Liability Company		

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2 Evect name	a of the Limited Li	-hills . O					
1337881	2. Exact name of the Limited Liability Company							
3. NAICS Code	Integ	Integrative Aupuncture Clinic, UC						
	4. Brief description of the character of business conducted in Rhode Island							
62	Treating patients with needles and harby							
5. State of Formation	Marbs and Marbs							
RI								
Principal Office Address	cipal Office Address City State Zip							
1598 S. county Trail				Greenwich	RI	02818		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Hwasook Lee			Contact Title Dr. of Acupun ture					
Street Address 1598. S. Com			City East	Greenwich	State RT	Zip O2F/A		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
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		
9. Resident Agent in Bhada Islanda an attachment								
3. Nestderit Agent in Kridde Island. This information is currently of record with the Department of State. Changes require files Form 0.40								
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.								
Name of Authorized Person					Date			
Hwasoolc Lee					9 -	-10 - 2016		
Signature of Authorized Person								
SIGNEY OCHENT HERE								
				ζ.				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

SEP 1 4 2016

FORM 632 - Revised: 08/201