



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** feb 2015-16  
**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.

<b>1. Entity ID Number</b> 1071454		<b>2. Exact name of the Limited Liability Company</b> Synergy Holistic Solutions, LLC											
<b>3. NAICS Code</b> 81		<b>4. Brief description of the character of business conducted in Rhode Island</b> Integrative health coaching and education											
<b>5. State of Formation</b> RI													
<b>6. Principal Office Address</b> 47 Randeau Passage				<b>City</b> Westerly		<b>State</b> RI		<b>Zip</b> 02891					
<b>7. Mailing Address of Limited Liability Company and Name or Title of Contact Person</b>													
<b>Contact Name</b> Edna Allen McKenna RN, BC-HN, LCSW, MPA					<b>Contact Title</b> Owner								
<b>Street Address</b> 47 Randeau Passage					<b>City</b> Westerly		<b>State</b> RI		<b>Zip</b> 02891				
<b>8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS</b>													
<b>Manager Name</b>					<b>Manager Name</b>								
<b>Street Address</b>					<b>Street Address</b>								
<b>City</b>			<b>State</b>		<b>Zip</b>		<b>City</b>			<b>State</b>		<b>Zip</b>	
<b>Manager Name</b>					<b>Manager Name</b>								
<b>Street Address</b>					<b>Street Address</b>								
<b>City</b>			<b>State</b>		<b>Zip</b>		<b>City</b>			<b>State</b>		<b>Zip</b>	
Check the box to indicate an attachment <input type="checkbox"/>													
<b>9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.</b>													
<b>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.</b>													
<b>Name of Authorized Person</b> Edna Allen McKenna								<b>Date</b> 9/15/16					
<b>Signature of Authorized Person</b> 								<b>SIGN DOCUMENT HERE</b> 9/15/16					

**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 16 2016**  
BY 628