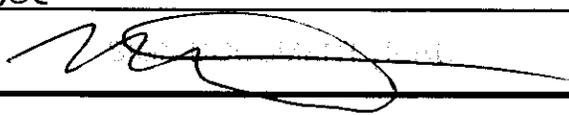




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 <u>1338961</u>		2. Exact name of the Limited Liability Company <u>Om Therapy LLC</u>			
3. NAICS Code <u>62</u>		4. Brief description of the character of business conducted in Rhode Island <u>Mental Health Therapy</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>1 Richmond Square Suite 333w</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Melissa Dasilva</u>			Contact Title		
Street Address <u>1 Richmond Square Suite 333w</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
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
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 <u>Melissa Dasilva</u>				Date <u>10/25/2016</u>	
Signature of Authorized Person 					

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

OCT 28 2016

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