



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

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00 *payable to: R.I. Department of state*
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000151164		2. Exact name of the Corporation LEE HEALTHCARE TUINA BODYWORK CENTER INC.			
3. Principal Office Address 16A LUDLOW RD			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island CHINESE FOOT REFLEXOLOGY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LIJUAN KNOWLES			Vice-President Name		
Street Address 16A LUDLOW RD			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Secretary Name LIJUAN KNOWLES			Treasurer Name LIJUAN KNOWLES		
Street Address 16A LUDLOW RD			Street Address 16A LUDLOW RD		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			0		NONE
					NO PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative LIJUAN KNOWLES			Date 02-06-17		
Signature of Authorized Representative <i>Li Juan Knowles</i>			FILED		
SIGN DOCUMENT HERE FEB 10 2017 <i>OL</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY 1370