



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 <b>1470855</b>		2. Exact name of the Limited Liability Company <b>Stretch Pediatric Therapy &amp; Creative Movement Studio LLC</b>	
3. NAICS Code <b>71 - Arts, Entertainment, and Recreation</b>		4. Brief description of the character of business conducted in Rhode Island <b>Stretch Kids RI (DBA) provided yoga programs to children. The business in RI will be closed in the near future.</b>	
5. State of Formation <b>CT</b>			
6. Principal Office Address <b>199 Shunpike Rd,</b>		City <b>Cromwell</b>	State <b>CT</b> Zip <b>06416</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Alicia Berger Harriman</b>		Contact Title <b>Director / Owner</b>	
Street Address <b>199 Shunpike Rd</b>		City <b>Cromwell</b>	State <b>CT</b> Zip <b>06416</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>Alicia Berger Harriman</b>		Manager Name	
Street Address <b>83 Saybrook Rd</b>		Street Address	
City <b>Higginum</b>	State <b>CT</b>	Zip <b>06441</b>	City <b></b> State <b></b> Zip <b></b>
Manager Name		Manager Name	
Street Address		Street Address	
City <b></b>	State <b></b>	Zip <b></b>	City <b></b> State <b></b> Zip <b></b>
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.			
<i>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.</i>			
Name of Authorized Person <b>Albert Berger</b>		Date <b>4/23/2014</b>	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

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**

APR 26 2017

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