



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2017 JUN 28 PM 12:53

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>787852</u>		2. Exact name of the Limited Liability Company <u>massage Health & Healing Energies, LLC</u>	
3. NAICS Code <u>81</u>		4. Brief description of the character of business conducted in Rhode Island <u>Provide therapeutic massages</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>310 Maple Ave Ste L05 B</u>		City <u>Barrington</u>	State <u>RI</u>
		Zip <u>02806</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Deborah DeAngelis</u>		Contact Title <u>member</u>	
Street Address <u>310 Maple Ave Ste L05 B</u>		City <u>Barrington</u>	State <u>RI</u>
		Zip <u>02806</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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment ☐			
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>Deborah DeAngelis</u>		Date <u>6-28-17</u>	
Signature of Authorized Person <u>Deborah DeAngelis</u>		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

JUN 28 2017

BY 307123

A.A.