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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 **Limited Liability Company**

R.I. DEPT. OF STATE MIP 2017 SEP 1 1 PH 12: 52 -

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→ 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 794772		2. Exact name of the Limited Liability Company YOGA CONCEPTS				
3. NAICS Code 713940		Brief description of the character of business conducted in Rhode Island YOGA INSTRUCTION				
5. State of Formation RI	YOGA					
6. Principal Office Address 1150 Pontiac Avenue, Rear Unit			City Cranston	State RI	Zip 02920	
7. Mailing Address of Limited		ny and Name or	Title of Contact Person			
Contact Name Mary Ann Nassa			Contact Title Owner	Contact Title Owner		
Street Address 1150 Pontiac Avenue, Rear Unit			City Cranston	State RI	Zip 02920	
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	Cıty	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	Zip	
	•	.	•	Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of St	ate. Changes require fili	ng Form 642.	
Under penalty of perjury, I statements, and that all st			examined this report, includii true and correct.	ng any accompanyii	ng schedules and	
Name of Authorized Person Mary Ann Nassa				Date Septe:	Date September 11, 2017	
Signature of Authorized Personal Mary (1)	n Mas	sign	DOCUMENT HERE			
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 632 - Revised: 08/2017