Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Division Of Business Services Lite Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing filing Period: September of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001659532 2. Exact Name of the Limited Liability Company Blue Dragonfly Wellness LLC ARTICLE III					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report with hitry (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(d&c)) is subject to a panalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001659532 2. Exact Name of the Limited Liability Company Blue Dragonfly Wellness LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 812199 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island WE OFFER YOGA, TAI CHI, QI GONG, REIKI / REIKI CLASSES, CRYSTAL HEALING, CLASSES AND WORKSHOPS ALONG WITH SPECIAL EVENTS. 5. Principal Office Address No. and Street: 170 AUSTIN RD City or Town: Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: RODNEY H. OLSON Contact Title: CO-OWNER No. and Street: CDNEY H. OLSON Contact Title: CO-OWNER No. and Street: 6228 POST RD STE ZE City or Town: NORTH KINGSTOWN <td< td=""><td>s s</td><td></td><td></td><td>ns Fee: \$50.00</td></td<>	s s			ns Fee: \$50.00	
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First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Addı	ress	
		First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RODNEY H. OLSON 170 AUSTIN RD NORTH KINGSTOWN , RI 02852

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 4 Day of October, 2017 at 7:47:10 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>RODNEY H. OLSON</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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