RI SOS Filing Number: 201752919110 Date: 11/2/2017 4:00:00 PM

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

STAMP

## Annual Report for the year: 2017 **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.

0001657811	2. Exact name of the Limited Liability Company  Dog Years LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
812199	Health Care Services-Yoga Instruction-Other Personal				
5. State of Formation	Care Services				
Rhode island					
6. Principal Office Address			City	State	Zip
116-A Turnessa Drive			North Providence	RI	02904
7. Mailing Address of Limited L	iability Company a	and Name or Title			
Contact Name Christine Maguire			Contact Title Member		
Street Address 116-A Turnessa Drive			City North Providence	State RI	<sup>Zip</sup> 02904
8. List ALL managers (names a	and addresses) of	the Limited Liabi	lity Company, IF APPLICABLE -	DO NOT LIST M	EMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			CI	neck the box to inc	dicate an attachment
<ol><li>Resident Agent in Rhode Isla</li></ol>	ınd. This information	n is currently of reco	ord with the Department of State. Ch	nanges require filing	Form 642.
Under penalty of perjury, I de statements, and that all state			lined this report, including any and correct.	y accompanying	schedules and
Name of Authorized Person			<del>****</del>	Date	2 22 .7
Christine Maguire			$\sim$	1/1	)-30-11
Signature of Authorized Person	>,/		10		
		SIGN DO	CUMENT HERE		
		r Konst			
	(	CHANISI			

**Division of Business Services** 

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

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



FORM 632 - Revised: 08/2017