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

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CORPORATIONS DIV.
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Annual Report for the year: 2018
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	2. Exact name of the Limited Liability Company
795897	Metta Living, LLC
3. NAICS Code	**4. Brief description of the character of business conducted in Rhode Island**
541410	Interior design consulting and travel
5. State of Formation	
R.I.	

6. Principal Office Address	City	State	Zip
170 Congdon St.	Providence	RI	02906

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title			
Carolyn Schmitz	Owner			
Street Address	**City**	**State**	**Zip**	
170 Congdon St	Providence	RI	02906	

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name			Manager Name		
N/A			N/A		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**
Manager Name			**Manager Name**		
N/A			N/A		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**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	Date
Carolyn Schmitz	6/11/18
Signature of Authorized Person	

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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