



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

**FILED**

AUG 27 2018

**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.

BY USI

*[Signature]*

1. Entry ID Number <b>876738</b>		2. Exact name of the Limited Liability Company <b>The Holistic Heart, LLC</b>	
3. NAICS Code <b>611519</b>		4. Brief description of the character of business conducted in Rhode Island <b>Individual outpatient therapy, yoga and meditation classes.</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>659 Sandy Lane</b>		City <b>Warwick</b>	State <b>RI</b> Zip <b>02889</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Kristen J. Acciari</b>		Contact Title <b>Owner</b>	
Street Address <b>659 Sandy Lane</b>		City <b>Warwick</b>	State <b>RI</b> Zip <b>02889</b>
8. List ALL managers (names and addresses) of the Limited Liability Company IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>None</b>		Manager Name <b>None</b>	
Street Address		Street Address	
City	State	Zip	City
Manager Name <b>None</b>		Manager Name <b>None</b>	
Street Address		Street Address	
City	State	Zip	City
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642			
<b>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.</b>			
Name of Authorized Person <b>Kristen J. Acciari</b>		Date <b>8/22/18</b>	
Signature of Authorized Person <i>[Signature]</i>			

**MAIL TO:**

**Division of Business Services**

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

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