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State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

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.

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1. Entity ID Number <b>794772</b>		2. Exact name of the Limited Liability Company YOGA CONCEPTS				
3. NAICS Code 713940 5. State of Formation RI		Brief description of the character of business conducted in Rhode Island     YOGA INSTRUCTION				
6. Principal Office Address 1150 Pontiac Avenue, Rear Unit		City Cranston	State RI	Z <sub>I</sub> p <b>02920</b>		
7. Mailing Address of Limit		any and Name o				
Contact Name Mary Ann Na	Contact Name Mary Ann Nassa Contact Title Own			ır .		
Street Address 1150 Pontiac Avenue, Rear Unit		City Cranston	State RI	Z <sub>IP</sub> 02920		
	mes and addresses	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name		Manager Name				
Street Address		Street Address				
City	State	Zip	City	State	Zıp	
Manager Name	inager Name Manager Name				•	
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
		<u> </u>		Check the box to	indicate an attachment	
9. Resident Agent in Rhod	e Island. This inform	nation is currently	of record with the Department of S	tate. Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all			examined this report, includi true and correct.	ng any accompanyin	ng schedules and	
Name of Authorized Person			Date	Date		
Mary Ann Nassa Septem			nber 10, 2018			
Signature of Authorized Re Mby (1.)	\ <i>Z</i> }	SIG	N DOCUMENT HERE			

MAIL TO:

**Division of Business Services** 

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

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

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FORM 632 - Revised: 10/2017