s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business		
	148 W. River S		
Providence RI 02904-2615			
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2019		
1. ID No. <u>001680006</u>			
2. Exact Name of the Limited Liability Company <u>Tower Hill Welness LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
the list of codes here. Mor	Code that best describes the primary e information on <u>NAICS</u> can be found		ity. Download
<u>812190</u>			
4. Brief Description of th	e Character of the Business Which	n is Actually Conducted in RI	node Island
YOGA STUDIO			
5. Principal Office Addre	SS		
No. and Street: 233	TOWER HILL RD		
	MBERLAND State:	<u>RI</u> Zip: <u>02864</u> Coun	try: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Person:	
Contact Name: DONNA	DANIEL Contact Title:		
	OWER HILL ROAD		
City or Town: <u>CUM</u>	BERLAND Stat	e: <u>RI</u> Zip: <u>02864</u> Cou	ntry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DONNA DANIEL 233 TOWER HILL RD CUMBERLAND, RI 02864

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

Signed this 9 Day of October, 2019 at 3:00:53 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 DONNA DANIEL

Signature of Authorized Person

Form No. 632 Revised 09/07

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