

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2019 OCT 10 A 11: 38; TA. 17

Annual Report for the year: 2019
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 794772	2. Exact name of the Limited Liability Company Yoga Concepts, LLC					
3. NAICS Code 713940	Brief description of the character of business conducted in Rhode Island YOGA INSTRUCTION					
5. State of Formation Rhode island						
6. Principal Office Address 1150 Pontiac Avenue, Rear Unit			City Cranston	State RI	Zip 02920	
7. Mailing Address of Limited Lia	bility Compa	ny and Name or Title	e of Contact Person			
Contact Name Mary Ann Nassa			Contact Title Owner			
Street Address 1150 Pontiac Avenue, Rear Unit			City Cranston	State RI	^{Zip} 02920	
8. List ALL managers (names a	nd addresses) of the Limited Liab	ility Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
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	Zrp	
		I	<u> </u>	Check the box to i	indicate an attachment	
9. Resident Agent in Rhode Islan	nd. This inform	iation is currently of rec	ord with the Department of S			
Under penalty of perjury, I dec statements, and that all staten	lare and affi	rm that I have exan	nined this report, includi			
Name of Authorized Person Mary Ann Nassa				Date of Septem	Date Oct. 10, September , 2019	
Signature of Adthorized Person	/1a	AND SIGN DO	OCUMENT 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