



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. ID No. 000793511

2. Exact Name of the Limited Liability Company TRUE NORTH THERAPEUTIC MASSAGE LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

612399

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PROVIDE THERAPEUTIC MASSAGE SERVICES.

5. Principal Office Address

No. and Street: 1004 BOSTON NECK ROAD
SUITE 11

City or Town: NARRAGANSETT

State: RI Zip: 02882 Country: USA

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

Contact Name: MEREDITH MACDONALD Contact Title: OWNER

No. and Street: 1004 BOSTON NECK ROAD
SUITE 11

City or Town: NARRAGANSETT

State: RI Zip: 02882 Country: USA

**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

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MEREDITH MACDONALD 1004 BOSTON NECK ROAD SUITE 11 NARRAGANSETT , RI 02882

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

Signed this 25 Day of October, 2019 at 11:03:13 AM 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 MEREDITH MACDONALD
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2019 State of Rhode Island and Providence Plantations
All Rights Reserved