



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

SEP 04 2020

BY 1006

*[Signature]*

**Annual Report for the year:** 2020  
**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 001694194		2. Exact name of the Limited Liability Company Eve Carey Yoga LLC					
3. NAICS Code 611699		4. Brief description of the character of business conducted in Rhode Island Providing yoga and meditation services.					
5. State of Formation Rhode Island							
6. Principal Office Address 1910 Ministerial Road				City Wakefield		State RI	Zip 02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Charleve Carey				Contact Title sole proprietor			
Street Address 1910 Ministerial Road				City Wakefield		State RI	Zip 02879
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - 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	Zip
Check the box to indicate an attachment <input type="checkbox"/>							
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
<b><i>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.</i></b>							
Name of Authorized Person Charleve Sylvia Carey						Date	
Signature of Authorized Person							

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov