	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-30		
Limited Liability Com	pany		
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: 2020			
1. ID No. <u>000530592</u>			
2. Exact Name of the Limited Liability Company FINISH LINE MASSAGE, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>621399</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
SPORTS MASSAGE AND ALL LAWFUL BUSINESS			
5. Principal Office Addres	iS		
	POST ROAD TH KINGSTOWN State	e: <u>RI</u> Zip: <u>02852</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: LOU ANN BOTSFORD Contact Title: OWNER No. and Street: 7293 POST ROAD			
City or Town: <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name		dress
	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

LOU ANN BOTSFORD 105 SOCKANOSETT CROSS ROAD, SUITE 314 CRANSTON, RI 02920

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

**Signed this 23 Day of September, 2020 at 9:43:31 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 LOU ANN BOTSFORD

Signature of Authorized Person

Form No. 632 Revised 09/07

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