



**State of Rhode Island  
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:** 2020

**1. ID No.** 001690839

**2. Exact Name of the Limited Liability Company** Power and Flow L3C

**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.

621999

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

REIKI IS THE PRACTICE OF CALMING THE BODY THROUGH SPIRIT GUIDED ENERGY, I AS A REIKI MASTER WILL CREATE OTHER PRACTITIONERS THROUGH GIVING ATTUNEMENTS. THE ATTUNEMENTS ARE THE BALANCING AND ALIGNMENT TO THE UNIVERSAL ENERGIES. THE PRACTITIONERS CAN CHOOSE TO PROGRESS THROUGH ALL THE LEVELS I II OR MASTERLY, THOUGH IS NOT A NECESSITY. THIS INTENT IS TO EXPAND MY REIKI PRACTICE IN HAVING TRAINED REIKI PRACTITIONERS TO EXPAND REIKI INTO THE WORLD AND RAISE AWARENESS OF THIS HEALING METHODOLOGY

**5. Principal Office Address**

No. and Street:  
City or Town:

55 OUTLOOK AVE  
EAST PROVIDENCE

State: RI

Zip: 02914

Country: US

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

Contact Name: SYLVIO GARIO Contact Title:

No. and Street: 55 OUTLOOK AVE

City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	SYLVIO GARIO	55 OUTLOOK AVE EAST PROVIDENCE, RI 02914
MANAGER	SYLVIO GARIO	55 OUTLOOK AVE EAST PROVIDENCE, RI 02914

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

SYLVIO GARIO 55 OUTLOOK AVE EAST PROVIDENCE , RI 02914

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

**Signed this 5 Day of October, 2020 at 3:03:51 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 SYLVIO GARIO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2020 State of Rhode Island  
All Rights Reserved