



State of Rhode Island  
Department of State - Business Services Division

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.

FILED STAMP

OCT 26 2020

BY

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1. Entity ID Number 001692842		2. Exact name of the Limited Liability Company Above All Holistic Health and Wellness, LLC			
3. NAICS Code 999999		4. Brief description of the character of business conducted in Rhode Island Holistic Medicine			
5. State of Formation Rhode Island					
6. Principal Office Address 375 Comstock Parkway		City Cranston	State RI	Zip 02921	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Toni-Ann Laprade			Contact Title Operating Manager		
Street Address 375 Comstock Parkway			City Cranston	State RI	Zip 02921
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Toni-Ann Laprade			Manager Name		
Street Address 375 Comstock Parkway			Street Address		
City Cranston	State RI	Zip 02921	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>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.</b>					
Name of Authorized Person Toni-Ann Laprade				Date 10/18/20	
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](http://www.sos.ri.gov)