



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

**FILED
 STAMP**
 OCT 30 2020
 SECRETARY OF STATE
 BY T. J. O'S

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 001680035		2. Exact name of the Limited Liability Company The Barre + Yoga Experience LLC					
3. NAICS Code 713940		4. Brief description of the character of business conducted in Rhode Island To provide fitness and yoga activities					
5. State of Formation RI							
6. Principal Office Address 259 Putnam Pike				City Smithfield		State RI	Zip 02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name ANGELA VIEIRA				Contact Title			
Street Address 24 KINNICUTT AVENUE				City Warren		State RI	Zip 02885
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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person ANGELA VIEIRA						Date 8/15/2020	
Signature of Authorized Person <i>Angela Vieira</i>				SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov