

State of Rhode Island and Providence Plantations

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.

Entity ID Number	2. Exact n	2. Exact name of the Limited Liability Company				
457746 -		The Providence Institute, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Yoga Studio					
5. State of Formation	4					
Rhode Island						
6. Principal Office Address	<u> </u>		City	State	Zip	
140F Long Highway			Little Compton	RI	02837	
7. Mailing Address of Limited L	ability Comp	any and Name o	Title of Contact Person			
Contact Name Sarah C. Whitehead			Contact Title			
Street Address 140F Long Highway			City Little Compton	State RI	Zip 02837	
8. List ALL managers (names a	ind addresse	s) of the Limited	Liability Company, IF APPLICABL	E - 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	Crty	State	Zip	
		- -		Check the box to it	ndicate an attachment	
9. Resident Agent in Rhode Isla	nd. This infor	mation is currently o	of record with the Department of State	Changes require filin	no Form 642	
Under penalty of perjury, I des statements, and that all states	clare and aff	firm that I have o	examined this report including	any accompanyin	g schedules and	
Name of Authorized Person				Date		
Sarah C. Whitehead				101	26/20	
Signature of Authorized Person		5107	v 2000 Marks Helit			

MAIL TO:

Division of Business Services

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