State of Rhode Islan	d			_		
Department of		ısiness Servi	ices Division		r	
Annual Report for the Limited Liability Com	year: 202				R.I. DEPT BUS'S 2020 DEC - I	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00					1 PH 1007 1007 1007 1007 1007 1007 1007 100	
→ Penalty: Additional \$25.	.00 fee if form	is not filed by De	ecember 1.	_	2: STAT	
1. Entity ID Number	2. Exact n	ame of the Limiter	6			
001676849	Living Ch	Living Chi, LLC				
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
812199	Massage 7	Massage Therapy				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
26 Dallas Ave			Warwick	RI	02889	
7. Mailing Address of Limited		any and Name or				
Contact Name Keryn Kwan-W	ass		Contact Title Owner			
Street Address 105 Weathervane Road			City Wakefield	State R1	Zip ₀₂₈₇₉	
8. List ALL managers (names	and addresse	s) of the Limited L	iability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
Crty	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate an attachment.	
9. The Resident Agent informa					*	
Under penalty of perjury, I d statements, and that all stat	leclare and afternation to the second	firm that I have e ined herein are t	xamined this report, including rue and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person Date						
Keryn Kwan-Wass 12/0					020	
Signature of Authorized Perso		Was		12/3/2	020	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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