RI SOS Filing Number: 202185777180 Date: 1/7/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
JAN 07 2021
BY

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000151164	LEE HEALTHCARE TUINA BODYWORK CENTER INC.

3. Principal Office Address	City	State	Zip
16A LUDLOW RD	MIDDLETOWN	RI	02842

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621399	CHINESE FOOT REFLEXOLOGY
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
LIJUAN KNOWLES	
Street Address: 16A LUDLOW RD	Street Address:
City: MIDDLETOWN State: RI Zip: 02842	City: State: Zip:
Secretary Name: LIJUAN KNOWLES	Treasurer Name: LIJUAN KNOWLES
Street Address: 16A LUDLOW RD	Street Address: 16A LUDLOW RD
City: MIDDLETOWN State: RI Zip: 02842	City: MIDDLETOWN State: RI Zip: 02842

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	0	NONE	NO PAR VALUE

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative	Date
LIJUAN KNOWLES	1-5-2021

Signature of Authorized Representative: Li Juan Knowles — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services