

Annual Report for the year: 2018
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.

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RECEIVED STAMP	AMP	RECEIVED R.I. DEPT. OF STATE
BUS SYCS DIV FOR FOR STATE	TATE TO YEA.	BUS SYES DIV

2021 APR -9 AM 10: 23

1. Entity ID Number	2. Exact name of the Limited Liability Company						
0010669384	Body Grateful, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island     Creating Day See Manager Thomas:						
812199	Organic Day Spa, Massage Therapy						
5. State of Formation	}						
Rhode Island							
6. Principal Office Address			City	State	Zıp		
10 Cedar Swamp Road			Smithfield	RI	02917		
7. Mailing Address of Limited Lia	ibility Compa	ny and Name or			•		
Contact Name Katelynn Tessier			Contact Title Owner	Contact Title Owner			
Street Address 10 Cedar Swamp Road			City Smithfield	State RI	<sup>Z<sub>ip</sub></sup> 02917		
8. List ALL managers (names ar	nd addresses	) of the Limited L	iability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zıp	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Islan	nd. This inform	ation is currently o	f record with the Department of St	ate. Changes require filir	ng Form 642.		
Under penalty of perjury, I dec statements, and that all staten	lare and affi nents contai	rm that I have e ned herein are t	xamined this report, includi true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person				Date	Date		
Katelynn Tessier				April 8,	April 8, 2021		
Signature of Authorized Person  Kategories (2021) (8 36 60 1)		SIGN	LOOCUMENT HERE	•			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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

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FORM 632 - Revised: 10/2017