State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001690839

2. Exact Name of the Limited Liability Company Power and Flow L3C

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

621999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REIKI IS THE PRACTICE OF CALMING THE BODY THROUGH SPIRIT GUIDED ENERGY, I AS A REIKI
MASTER WILL CREATE
OTHER PRACTITIONERS THROUGH GIVING ATTUNEMENTS. THE ATTUNEMENTS ARE THE
BALANCING AND ALIGNMENT TO
THE UNIVERSAL ENERGIES. THE PRACTITIONERS CAN CHOOSE TO PROGRESS THROUGH ALL THE
LEVELS I II OR MASTERLY,
THOUGH IS NOT A NECESSITY. THIS INTENT IS TO EXPAND MY REIKI PRACTICE IN HAVING TRAINED
REIKI PRACTITIONERS
TO EXPAND REIKI INTO THE WORLD AND RAISE AWARENESS OF THIS HEALING METHODOLOGY

5. Principal Office Address

No. and Street: 55 OUTLOOK AVE
City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: SYLVIO GARIO Contact Title: OWNER
No. and Street: 55 OUTLOOK AVE
City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	SYLVIO GARIO	55 OUTLOOK AVE EAST PROVIDENCE, RI 02914

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SYLVIO GARIO 55 OUTLOOK AVE EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 22 Day of September, 2021 at 12:20:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SYLVIO GARIO
Signature of Authorized Person

Form No. 632
Revised 09/07

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