



State of Rhode Island

## Department of State - Business Services Division

2020

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**Annual Report for the year: \_\_\_\_\_**  
**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.

|                                                                                                                                                                                                      |                    |                                                                                                                 |      |                        |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------|------|------------------------|---------------------|
| 1. Entity ID Number<br><b>001676274</b>                                                                                                                                                              |                    | 2. Exact name of the Limited Liability Company<br><b>THE HOLISTIC HIGHWAY, LLC</b>                              |      |                        |                     |
| 3. NAICS Code<br><b>621399</b>                                                                                                                                                                       |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Health Coaching Programs.</b> |      |                        |                     |
| 5. State of Formation<br><b>PA</b>                                                                                                                                                                   |                    |                                                                                                                 |      |                        |                     |
| 6. Principal Office Address<br><b>89 Woodlawn Ave</b>                                                                                                                                                |                    | City<br><b>Bristol</b>                                                                                          |      | State<br><b>RI</b>     | Zip<br><b>02809</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |                    |                                                                                                                 |      |                        |                     |
| Contact Name<br><b>KAREN TOMES-HAZLING</b>                                                                                                                                                           |                    | Contact Title<br><b>CEO</b>                                                                                     |      |                        |                     |
| Street Address<br><b>89 Woodlawn Ave</b>                                                                                                                                                             |                    | City<br><b>Bristol</b>                                                                                          |      | State<br><b>RI</b>     | Zip<br><b>02809</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |                    |                                                                                                                 |      |                        |                     |
| Manager Name<br><b>KAREN TOMES-HAZLING</b>                                                                                                                                                           |                    | Manager Name                                                                                                    |      |                        |                     |
| Street Address<br><b>89 Woodlawn Ave</b>                                                                                                                                                             |                    | Street Address                                                                                                  |      |                        |                     |
| City<br><b>BRISTOL</b>                                                                                                                                                                               | State<br><b>RI</b> | Zip<br><b>02809</b>                                                                                             | City | State                  | Zip                 |
| Manager Name                                                                                                                                                                                         |                    | Manager Name                                                                                                    |      |                        |                     |
| Street Address                                                                                                                                                                                       |                    | Street Address                                                                                                  |      |                        |                     |
| City                                                                                                                                                                                                 | State              | Zip                                                                                                             | City | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |                    |                                                                                                                 |      |                        |                     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                  |                    |                                                                                                                 |      |                        |                     |
| 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 Person<br><b>KAREN TOMES-HAZLING</b>                                                                                                                                              |                    |                                                                                                                 |      | Date<br><b>11/1/21</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                   |                    |                                                                                                                 |      |                        |                     |

## 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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