	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-304		
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. <u>000491153</u>			
2. Exact Name of the Limited Liability Company <u>ACU-GARDEN ACUPUNCTURE &</u> <u>WELLNESS CENTER LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>621399</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
ACUPUNCTURE CLINIC			
5. Principal Office Address			
No. and Street: <u>110 A</u>	RMISTICE BOULEVARD		
City or Town: <u>PAW</u>	<u>TUCKET</u>	State: <u>RI</u> Zip: <u>02860</u> Cour	try: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
Contact Name: <u>KEVORK KECHICHIAN, DA</u> Contact Title:			
	RMISTICE BOULEVARD	State: <u>RI</u> Zip: <u>02864</u> Cour	ntry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country
MANAGER	KEVORK KECHICHIAN	59 OLD WILLIS ROA CUMBERLAND, RI 02864 U	

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

KEVORK KECHICHIAN 59 OLD WILLIS ROAD CUMBERLAND, RI 02864

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

Signed this 30 Day of November, 2021 at 7:04:28 AM 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 KEVORK KECHICHIAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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