	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	
Limited Liability Annual Report Filing Period: Februar		
to file its annual repor	.I.G.L. 7-16-66(d), each limited liability company failing or refusing rt within thirty (30) days after the time prescribed by law (R.I.G.L. 7- t to a penalty fee of \$25.00.	
ANNUAL REPORT Y	YEAR: <u>2022</u>	
1. ID No. <u>0017</u>	21016	
2. Exact Name of t	he Limited Liability Company Elegant Goddess Coaching, LLC	
3. State of Format	ion	
State: <u>RI</u>		
ARTICLE III		
-	AICS Code that best describes the primary business conducted by the entite. More information on <u>NAICS</u> can be found online.	ty. Download
4. Brief Description	of the Character of the Business Which is Actually Conducted in Rh	ode Island
COACHING SERV COACHING.	VICES ON HEALTH, GUIDANCE ON CAREER, AND OTHER LI	<u>FE</u>
5. Principal Office	Address	
No. and Street: City or Town:	121 PORTER STREET PROVIDENCEState: RIZip: 02905Count	ry: <u>USA</u>
6. Mailing Address	of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: <u>JO</u> No. and Street: City or Town:	<u>-ANN LEMAY</u> Contact Title: <u>121 PORTER ST</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02905</u> Country	y: <u>USA</u>
	T IN RHODE ISLAND - DO NOT ALTER Filing of Form 642 - R.I.G.L. 7-16-11	
JO-ANN LEMAY	121 PORTER STREET PROVIDENCE, RI 02905	
8. This report must	be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of July, 2022 at 9:51:36 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 JO-ANN LEMAY

Signature of Authorized Person

Form No. 632 Revised 09/07

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