State of Rhode Island Fee: \$50.
State of Rhode Island Fee: \$50.0 Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
<b>1636</b> (401) 222-3040
Limited Liability Company Annual Report Filing Period: February 1 - May 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: 2023
1. ID No. <u>001732830</u>
2. Exact Name of the Limited Liability Company <u>Restore Yoga and Bodywork 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
MASSAGE THERAPIST OFFICE
5. Principal Office Address
No. and Street: 1243 MINERAL SPRING AVE
UNIT 7 GLOW SUNLESS TANNING
City or Town: <u>NORTH PROVIDENCE</u> State: <u>RI</u> Zip: <u>02904</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: LAURIE SANDS Contact Title:
No. and Street:9 MIAMI STCity or Town:WEST WARWICKState: RIZip: 02893Country: USA
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## LAURIE SANDS 1243 MINERAL SPRING AVE. SUITE 212 NORTH PROVIDENCE , RI 02904

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

## Signed this 13 Day of February, 2023 at 3:11:01 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 <u>LAURIE SANDS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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