



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 BUS SVCS DIV

2023 MAY 23 P 2:06

1. Entity ID Number 000150466		2. Exact name of the Limited Liability Company Therapeutic Impressions, LLC	
3. NAICS Code 812199		4. Brief description of the character of business conducted in Rhode Island To provide massage services and other therapeutic services.	
5. State of Formation Rhode Island			
6. Principal Office Address 105 Sockanosset Crossroads, Suite 314		City Cranston	State RI
		Zip 02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Angela M. Perry-Place		Contact Title Member	
Street Address 105 Sockanosset Crossroads		City Cranston	State RI
		Zip 02920	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person Angela M. Perry-Place, Member		Date 5/12/2023	
Signature of Authorized Person <i>Angela M Perry-Place</i>			

FILED

MAY 23 2023
 BY *[Signature]* 9:51 DE
 2:00

MAIL TO:
 Division of Business Services
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