

Annual Report for the year: 2023 **Limited Liability Company** 

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| 1. Entity ID Number<br>205603007                        | 1   | Exact name of the Limited Liability Company     AWAKENINGS HOLISTIC HEALTH CENTER LLC  |                      |                      |  |
|---|---|--|----------------------|----------------------|--|
| 3. NAICS Code  (a 2   1   2    5. State of Formation RI | · '   | 4. Brief description of the character of business conducted in Rhode Island REIKI, ENERGY HEALING, SPIRITUAL LIFE CONSELING  REIKI, ENERGY HEALING, SPIRITUAL LIFE CONSELING |                      |                      |  |
| 6. Principal Office Address 14-GLAYTON ROAB             | 87 clyle st   | City West<br>WARWICK   | State<br>RI          | Zip 03.893.0         |  |
| 7. Mailing Address of Limite                            | d Liability Company and Name                                | or Title of Contact Person   |                      | F                    |  |
| Contact Name CAROLYN KING                               |   | Contact Title OWNER  |                      |                      |  |
| Street Address 14 CLAYTON ROAD                          |   | Cay WARWICK  | State RI             | <sup>Zip</sup> 02886 |  |
| 8. The Resident Agent infor                             | rmation currently of record with                            | the RI Department of State is accu   | rate. Changes requir | re filing Form 642.  |  |
|   | I declare and affirm that I haviatements contained herein a | re examined this report, including the true and correct.   | g any accompanyin    | g schedules and      |  |
| Name of Authorized Person                               |   |  | Date                 |                      |  |
| CAROLYN KING  |   |  | 02/28/2023           |                      |  |
| Signature of Authorized Po                              | rson<br>Yn Kung   |  |                      |                      |  |

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MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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