



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 MAR -8 AM 10:35

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|--|--|--|--------------------|---|
| 1. Entity ID Number 205603007 | | 2. Exact name of the Limited Liability Company AWAKENINGS HOLISTIC HEALTH CENTER LLC | | RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV 2023 MAY 25 A 8:54 |
| 3. NAICS Code 621112 | | 4. Brief description of the character of business conducted in Rhode Island REIKI, ENERGY HEALING, SPIRITUAL LIFE CONSELING | | |
| 5. State of Formation RI | | | | |
| 6. Principal Office Address 14 CLAYTON ROAD | | City WARWICK | State RI | Zip 02886 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name CAROLYN KING | | Contact Title OWNER | | |
| Street Address 14 CLAYTON ROAD | | City WARWICK | State RI | Zip 02886 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | |
| 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. | | | | |
| Name of Authorized Person CAROLYN KING | | | Date 02/28/2023 | |
| Signature of Authorized Person <i>Carolyn King</i> | | | | |

FILED

MAY 25 2023

BY REIDE

MAIL TO:

Division of Business Services

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