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State of Rhode Island

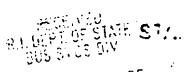
## **Department of State - Business Services Division**

Annual Report for the year: 2020 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.



2023 MAR -8 AM 10: 35

1. Entity ID Number 205603007	2. Exact name of the Limited Liability Company AWAKENINGS HOLISTIC HEALTH CENTER LLC			
3. NAICS Code  (A) 11/2  5. State of Formation  RI	4. Brief description of the character of business conducted in Rhode Island REIKI, ENERGY HEALING, SPIRITUAL LIFE CONSELING RECEIVED			
6. Principal Office Address 14 CLAYTON ROAD	·I	City WARWICK	State RI	20 SS
7. Mailing Address of Limited	Liability Company and Name	or Title of Contact Person		<b>-</b>
Contact Name CAROLYN K	NG	Contact Title OWNER		
Street Address 14 CLAYTON ROAD		City WARWICK	State RI	<sup>Zip</sup> 02886
8. The Resident Agent inform	nation currently of record with	the RI Department of State is accu	ırate. Changes requir	e filing Form 642
	declare and affirm that I hav itements contained herein a	e examined this report, including the true and correct.	ig any accompanyin	g schedules and
Name of Authorized Person		Date	Date	
CAROLYN KING	AROLYN KING		02/28/2023	
Signature of Authorized Pers			1	

FILED

MAY 25 2023

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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY SEILDE