

Department of State - Business Services Division

Annual Report for the year: $\frac{2018}{}$ **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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1. Entity ID Number 205603007	2. Exact name of the Limited Liability Company AWAKENINGS HOLISTIC HEALTH CENTER LLC			
3. NAICS Code (2) 112 5. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island REIKI, ENERGY HEALING, SPIRITUAL LIFE CONSELING 25 25 27 27 27 27 27 27 27 27 27 27 27 27 27			
6. Principal Office Address		City	State	zipo =
14 CLAYTON ROAD	WARWICK		RI	02886
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person	,	
Contact Name CAROLYN K	ING	Contact Title OWNER		
Sireel Address 14 CLAYTON ROAD		City WARWICK	State RI	^{Z₁p} 02886
8. The Resident Agent infor	mation currently of record with the	he RI Department of State is accu	rate. Changes requir	re filing Form 642.
	declare and affirm that I have atements contained herein ar	examined this report, including true and correct.	g any accompanyin	ng schedules and
Name of Authorized Person		Date		
CAROLYN KING			02/28/2023	
Signature of Authorized Per	son King			

MAY 25 2023
BY & EIIDE

MAIL TO:

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

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