



State of Rhode Island

Department of State - Business Services Division

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2023 MAR -8 AM 10:35

Annual Report for the year: 2014

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.

|                                                                                                                                                                                                      |  |                                                                                                                                |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>205603007                                                                                                                                                                     |  | 2. Exact name of the Limited Liability Company<br>AWAKENINGS HOLISTIC HEALTH CENTER LLC                                        |             |
| 3. NAICS Code<br>621112                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br>REIKI, ENERGY HEALING, SPIRITUAL LIFE CONSELING |             |
| 5. State of Formation<br>RI                                                                                                                                                                          |  |                                                                                                                                |             |
| 6. Principal Office Address<br>14 CLAYTON ROAD                                                                                                                                                       |  | City<br>WARWICK                                                                                                                | State<br>RI |
|                                                                                                                                                                                                      |  | Zip<br>02886                                                                                                                   |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |  |                                                                                                                                |             |
| Contact Name<br>CAROLYN KING                                                                                                                                                                         |  | Contact Title<br>OWNER                                                                                                         |             |
| Street Address<br>14 CLAYTON ROAD                                                                                                                                                                    |  | City<br>WARWICK                                                                                                                | State<br>RI |
|                                                                                                                                                                                                      |  | Zip<br>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<br>CAROLYN KING                                                                                                                                                            |  | Date<br>02/28/2023                                                                                                             |             |
| Signature of Authorized Person<br><i>Carolyn King</i>                                                                                                                                                |  |                                                                                                                                |             |

FILED

MAY 25 2023

BY *DE*

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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](http://www.sos.ri.gov)