RI SOS Filing Number: 202340045590 Date: 7/31/2023-1:06:00 PM

R.I. Orien M. S. BUS SVCS DIV

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State of Rhode Island

Department of State - Business Services Division 31 P 1:01

Annual Report for the year: **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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Entity ID Number	2. Exact name of the Limited Lia			8,		
001697923	Hope and Harmony: Holistic Health and Healing LL					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
8/2/99	Health and healing spa services					
5. State of Formation		- '				
MI						
6. Principal Office Address		City	State	Zip		
184 Waterman	St Suite 11	Providence	MI	07906		
7. Mailing Address of Limited Lia	sbility Company and Name or Title	of Contact Person				
Contact Name	_	Contact Title				
Denise			_			
Street Address	01 0 1	City	State	Zip		
154 Waterman	. St Suite 11	10 vidence	MI	02906		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642						
9. 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			Date /	/		
Denise 1	Pacier		7/22/	23		
Signature of Authorized Person Value .						

FILED

JUL 31 2023

MAIL TO:

Division of Business Services

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

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