RI SOS Filing Number: 202340045950 Date: 7/31/2023 1:05 POVEND

State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE

BUS SVCS DIV

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Annual Report for the year:	2022
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 001697923	2. Exact name of the Limited Liability Company Hope and Harmony: Holistic Health and Healing, LLC			577.7 580 2.580 2.580
3. NAICS Code 8/2/99	4. Brief description of the character of business conducted in Rhode Island Health and Healths 509 Services			22
5. State of Formation				
RHODE ISLAND				
6. Principal Office Address	. <u>.</u>	City	State	Zip
154 WATERMAN ST SUITE 1	1	PROVIDENCE	RI	02906
7. Mailing Address of Limited Li	ability Company and Name or Title	of Contact Person		
Contact Name DENISE DAICER	;	Contact Title		
Street Address 154 WATERMAN ST SUITE 11		City PROVIDENCE	State RI	^{Zip} 02906
8. The Resident Agent informat	ion currently of record with the RI I	Department of State is accura	ite. Changes requir	e filing Form 642.
	clare and affirm that I have exan ments contained herein are true	• • •	алу ассотралуіл	g schedules and
Name of Authorized Person			Date	1
DENISE DACIER	•		3/1/	123
Signature of Authorized Person	A KILI			

MAIL TO:

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

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

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