RI SOS Fili	ng Number: 202444549840	Date: 1/22/2024 2:43:00 F	PM Š	, N	
tate of Rhode Island Department of State - Business Services Division			REC'D R	REC'D R 23 DEC 2	
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Annual Re Limited Li

→ 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	ID Number 2. Exact name of the Limited Liability Company						
001734939	Mind Body Coachir	Mind Body Coaching L.L.C.					
3. NAICS Code	•	Brief description of the character of business conducted in Rhode Island					
621340	Physical Therapy/Coad	Physical Therapy/Coaching Services					
5. State of Formation							
RI							
6. Principal Office Address		City	State	Zip			
45 Chapin Road		Barrington	RI	02806			
7. Mailing Address of Limite	ed Liability Company and Name or Tit	tle of Contact Person					
Contact Name Carla B. Silva		Contact Title Manager					
Street Address 45 Chapin	Road	City Barrington	State RI	^{Zip} 02806			
8. The Resident Agent infor	mation currently of record with the RI	Department of State is accur	rate. Changes requir	e filing Form 642.			
9. Under penalty of perjur statements, and that all st	y, I declare and affirm that I have e tatements contained herein are tru	examined this report, includes and correct.	ing any accompany	ring schedules and			
Name of Authorized Person			Date				
Carla B. Silva	Jala Salva		12.19.23				
Signature of Authorized Per							

FILED 2143

JAN 2 2 2024

BY 549R9

MAIL TO:

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

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