

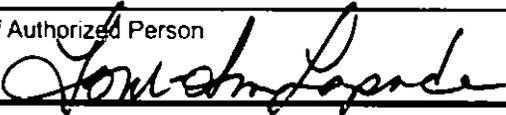


**State of Rhode Island
Department of State - Business Services Division**

FEB 15 2024
10180

Annual Report for the year: 2024
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 001692842		2. Exact name of the Limited Liability Company Above All Holistic Health and Wellness, LLC	
3. NAICS Code 999999		4. Brief description of the character of business conducted in Rhode Island Holistic Medicine	
5. State of Formation RI			
6. Principal Office Address 375 Comstock Parkway		City Cranston	State RI
Zip 02921			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Toni-Ann Laprade		Contact Title Operating Manager	
Street Address 375 Comstock Parkway		City Cranston	State RI
Zip 02921			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person Toni-Ann Laprade			Date 2/1/24
Signature of Authorized Person 			

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov