



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001686447

**2. Name of Corporation** ANGEL MASSAGE THERAPY II, INC.

**3. Street Address Principal Business Office:**

No. and Street: 1070-72 NORTH MAIN STREET

City or Town: PROVIDENCE

State: RI Zip: 02904 Country: USA

**4. Business Phone No.**

646-256-6327

**5. State of Incorporation**

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

812190

**6. Brief Description of the Character of Business Conducted in Rhode Island**

MASSAGE THERAPY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | NORBERTO SAMPER                                | 107072 NORTH MAIN ST<br>PROVIDENCE, RI 02904               |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br>Number of Shares | Total Issued and Outstanding<br>Num of Shares |
|----------------|-----------------|---------------------|---------------------------------------------|-----------------------------------------------|
| CNP            |                 | \$0.0000            | 200.00                                      | 200                                           |

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 23 Day of April, 2024 at 10:49:09 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By NORBERTO SAMPER  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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