

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

APR 23 2024 1096 WAP

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	2. Exact name of the Limited Liability Company			
001739592	Niyama Joy, LLC			
3. NAICS Code 531210	Brief description of the character of business conducted in Rhode Island Real Estate Agent			
5. State of Formation	Part Time Yoga Instructor			
6. Principal Office Address	City		State	Zip
125 Olney Avenue	North	Providence	RI	02911
7. Mailing Address of Limite	d Liability Company and Name or Title of Cont	act Person		in manager
Contact Name Raegan De		Contact Title Manager		
Street Address 125 Olney	Avenue City N	orth Providence	State RI	^{Z_{ip}} 02911
8. The Resident Agent infor	mation currently of record with the RI Departm	ent of State is accurate	. Changes require	e filing Form 642
9 Under penalty of perjur statements, and that all s	y, I declare and affirm that I have examined latements contained herein are true and co	this report, including rect.	any accompany	ring schedules and
Name of Authorized Person			Date	
Raymond F. Bruzzese, CPA			04/19/2024	
Signature of Authorized Pe	6 Bn			

MAIL TO:

Division of Business Services

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