



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

REC'D: RID05 ASD  
24 APR 24 PM 2:32:24

**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 <u>001748653</u>		2. Exact name of the Limited Liability Company <u>SACRED PAUSE, LLC</u>	
3. NAICS Code <u>621399</u>		4. Brief description of the character of business conducted in Rhode Island <u>Perinatal Doula Services ect (Same)</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>42 Cornith St</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02907</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Sara Castaneda</u>		Contact Title <u>Owner/CEO</u>	
Street Address <u>42 Cornith St</u>		City <u>PVD</u>	State <u>RI</u> Zip <u>02907</u>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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.			
Name of Authorized Person <u>Sara Castaneda</u>			Date <u>4/24/24</u>
Signature of Authorized Person <u>[Signature]</u>			

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BY mm8Q6

**MAIL TO:**  
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