

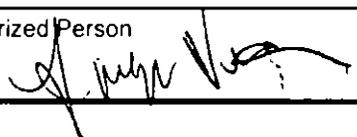


State of Rhode Island  
Department of State - Business Services Division

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.

**STAMP**  
**FILED**  
REGISTRY CLERK  
STATE OF RHODE ISLAND  
**MAY 01 2024**  
BY 342  
DS

1. Entity ID Number 001680035	2. Exact name of the Limited Liability Company The Barre + Yoga Experience LLC			
3. NAICS Code 713049	4. Brief description of the character of business conducted in Rhode Island TO PROVIDE FITNESS AND YOGA ACTIVITIES			
5. State of Formation Rhode Island				
6. Principal Office Address 259 Putnam Pike		City Smithfield	State RI	Zip 02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Angela Vieira		Contact Title Member		
Street Address 24 Kinnicut Ave		City Warren	State RI	Zip 02885
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 Angela Vieira			Date 3/26/2024	
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