

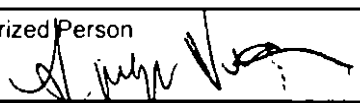


State of Rhode Island
Department of State - Business Services Division

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 RI
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