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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.

1. Entity ID Number 001720347	2. Exact name of the Limited Liability Company Balance. Massage Therapy, LLC		
3. NAICS Code 621399	4. Brief description of the character of business conducted in Rhode Island Massage Therapy		
5. State of Formation RI			
6. Principal Office Address 307 Waterman Ave	City East Providence	State RI	Zip 02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Vanessa Taurisano	Contact Title Managing Member		
Street Address 35 Holland Ave	City East Providence	State RI	Zip 02914
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 Vanessa Taurisano		Date 11/22/24	
Signature of Authorized Person [signature]			

FILED

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BY 96565

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov