

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.

25 25 25 25 25 25 25 25 25 25 25 25 25 2	
<b>26</b>	
STAMP	
FOR FOR STATE USE ONLY	
() who	

	ted Liability Company ural Body Care, LLC			
Brief description of the Retail services	character of business conducted	in Rhode Island	•	
	City Mystic	State CT	Zip 06355	
iability Company and Name	or Title of Contact Person			
ohue	Contact Title Attorney	Contact Title Attorney		
St.	City Westerly	State RI	<sup>Zip</sup> 02891	
tion currently of record with t	he RI Department of State is accu	rate. Changes requir	e filing Form 642.	
eclare and affirm that I have	e examined this report, including			
		Date 1/15/2025		
	4. Brief description of the Retail services  Liability Company and Name nohue  St.  St.  St.  St.  St.  St.  St.  St	Retail services  City Mystic  Liability Company and Name or Title of Contact Person  Contact Title Attorney  St.  City Westerly  St.  City Westerly	4. Brief description of the character of business conducted in Rhode Island Retail services  City Mystic CT  Liability Company and Name or Title of Contact Person  Contact Title Attorney  St. City Westerly  State RI  Attorney  State RI  State CT  Contact Title Attorney  State RI  Attorney  Date	

FILED

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov