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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BY	••••	
7.15	BY	<u>(201</u>

1. Entity ID Number 001668086]	2. Exact name of the Limited Liability Company Massage Therapy Center, LLC				
3. NAICS Code 621399		Brief description of the character of business conducted in Rhode Island provide the service of therapeutic massage				
5. State of Formation RI						
6. Principal Office Address	To	iity	State	Z ip		
3047 East Main Road		Portsmouth	RI	02871		
7. Mailing Address of Limite	d Liability Company and Name or Title of	Contact Person	<u> </u>			
Contact Name Deborah Luhrs		Contact Title LMT				
Street Address 550 Turner Rd		ity Middletown	State RI	. ^{Zip} 02842		
8. The Resident Agent infor	mation currently of record with the RI Dep	artment of State is accur	ate. Changes requin	e filing Form 642		
	y, I declare and affirm that I have exam atements contained herein are true an		ng any accompany	ring schedules and		
Name of Authorized Person			Date			
Deborah Luhrs			1/29/2025			
Signature of Authorized Per	son					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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