



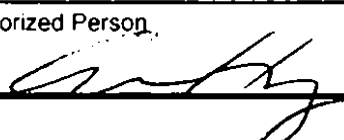
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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.

FILED
MAR 06 2025

BY 

| | | | |
|---|--|---|-----------------------|
| 1. Entity ID Number 001756712 | | 2. Exact name of the Limited Liability Company THE BODHI SPA PROVIDENCE, LLC | |
| 3. NAICS Code 812999 | | 4. Brief description of the character of business conducted in Rhode Island SPA | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 654 THAMES STREET | | City NEWPORT | State RI |
| Zip 02840 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name CEDAR S. HWANG | | Contact Title VICE PRESIDENT | |
| Street Address 654 THAMES STREET | | City NEWPORT | State RI |
| Zip 02840 | | | |
| 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 CEDAR S. HWANG | | | Date 1.5.25 |
| Signature of Authorized Person  | | | |

MAIL TO:

Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov