

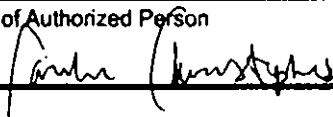


**State of Rhode Island
Department of State - Business Services Division**

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
JUN 16 2025
BY 10210

1. Entity ID Number 001751550		2. Exact name of the Limited Liability Company CARLEEN'S BODY HEALING THERAPY, LLC	
3. NAICS Code 541990		4. Brief description of the character of business conducted in Rhode Island ENERGY ENHANCEMENT, REIKI, LIGHT THERAPY	
5. State of Formation RI			
6. Principal Office Address 639 QUAKER LANE		City WEST WARWICK	State RI
Zip 02893			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name CARLEEN CHRISTOPHER		Contact Title MEMBER	
Street Address 13A VICTORY HIGHWAY		City FOSTER	State RI
Zip 02825			
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 CARLEEN CHRISTOPHER			Date
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