

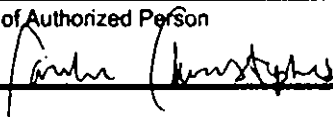


State of Rhode Island  
Department of State - Business Services Division

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

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