State of Rhode Island and Pro Department of State		
Annual Report for the year:	2016	
Limited Liability Company		
→ Filing period: September 1 - No	ovember 1	

→ Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	Exact name of the Limited Liability Company SOL Integrative Wellness LLC							
947246								
3. NAICS Code		Brief description of the character of business conducted in Rhode Island						
62 - Health Care and Social As	SOL integrative Weliness promotes balanced personal growth and health using the practices of integrative Thai bodywork (ITB), Yoga, physical							
5. State of Formation	therapy, personal training, and education. To help people reach their full potential.							
Rhode Island								
6. Principal Office Address			City	State	Zip			
240 Columbia St			Wakefleld	RI	02879			
7. Mailing Address of Limited Lia	ability Compa	iny and Name o						
Contact Name Edmond Caraina			Contact Title Owner					
Street Address 240 Columbia St			City Wakefield	State Ri	^{Zip} 02879			
8. List ALL managers (names a	nd addresses	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
				Check the box to i	ndicate an attachment			
9. Resident Agent in Rhode Islan	nd. This inform	nation is currently	of record with the Department of St	ate. Changes require filir	ıg Form 642.			
Under penalty of perjury, I dec statements, and that all staten				ng any accompanyin	g schedules and			
Name of Authorized Person				Date				
Edmond Cardinal				April 16, 2017				
Signature of Authorized Person-	lane	l Gr	mil	· · · ·				

MAIL TO:

Division of Business Services

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

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

FILED

APR 2 0 2017

FORM 632 - Revised: 02/2017