S	tate of Rhode Island and Pro	vidence Plantations Fee: \$	50.00
	Office of the Secreta		20.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 14-2615	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000550748</u>	3		
2. Exact Name of the Limited Liability Company <u>CALKINS WEALTH STRATEGIES, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>523930</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Island	ł
FINANCIAL SERVICE	<u>S REPRESENTATIVE</u>		
5. Principal Office Addre	SS		
No. and Street: <u>130 BEI</u> City or Town: <u>NEWPC</u>	LLEVUE AVENUE, SUITE 205A DRT	State: <u>RI</u> Zip: <u>02840</u> Country: <u>US</u>	<u>SA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Person:	
Contact Name:BRENDA CALKINS Contact Title:PRESIDENTNo. and Street:130 BELLEVUE AVENUE, SUITE 205ACity or Town:NEWPORTState: RIZip:02840Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	/
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BRENDA CALKINS 130 BELLEVUE AVENUE, SUITE 205A NEWPORT, RI 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 6 Day of October, 2017 at 5:19:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By BRENDA CALKINS

Signature of Authorized Person

Form No. 632 Revised 09/07

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