

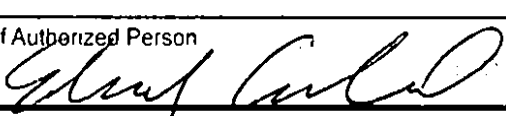
State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year: 2017

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

| | | | | | |
|---|-------|---|----------------------------|-------------------------|---------------------|
| 1. Entity ID Number 947246 | | 2. Exact name of the Limited Liability Company SOL Integrative Wellness LLC | | | |
| 3. NAICS Code 621111 | | 4. Brief description of the character of business conducted in Rhode Island Promotes balanced personal growth and health using the practices of Integrative Thai bodywork (ITB), yoga, physical therapy, personal training, and education. To help people reach their full potential. | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 240 Columbia Street | | | City Wakefield | State RI | Zip 02879 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Edmond Cardinal | | | Contact Title Owner | | |
| Street Address 240 Columbia Street | | | City Wakefield | State RI | Zip 02879 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - 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 indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| 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 Edmund Cardinal | | | | Date 10/18/17 | |
| 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

FILED**OCT 23 2017**BY 1363 KAM

FORM 632 - Revised: 02/2017