S	State of Rhode Island and Pro Office of the Secreta	
	Division Of Business	Services
	148 W. River St	
	Providence RI 0290 (401) 222-304	
HOPE		
Limited Liability Com Annual Report	ipany	
Filing Period: September 1	- November 1	
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	2018	
1. ID No. <u>00079070</u>	1	
2. Exact Name of the Limited Liability Company <u>WEALTH IMPACT PARTNERS, LLC</u>		
3. State of Formation		
State: <u>MA</u>		
	ARTICLE III	
•	Code that best describes the primary e information on <u>NAICS</u> can be found	business conducted by the entity. Downloac online.
<u>523930</u>		
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Island
ESTATE PLANNING A	AND ADVISORY	
5. Principal Office Addre	ess	
No. and Street: 31 COL	LEGE HILL ROAD, SUITE 31A	
City or Town: WARW	<u>/ICK</u>	State: <u>RI</u> Zip: <u>02886</u> Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Person:
Contact Name: Contact	Title:	
	SHLAND AVENUE, SUITE 401	01-1- 141 - 00404.0
City or Town: <u>NEEDH</u>	IAM	State: MA Zip: 02494 Country: US
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Applicable.
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	RONALD WARE	175 HIGHLAND AVE, SUITE 401 NEEDHAM, MA 02494 USA

JOSHUA PROCACCINI

175 HIGHLAND AVE, SUITE 401

MANAGER

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RONALD WARE <u>31 COLLEGE HILL ROAD, SUITE 31A</u> WARWICK , <u>RI</u> 02886

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

Signed this 5 Day of October, 2018 at 11:44:30 AM 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 <u>RONALD B. WARE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved