| s s  | tate of Rhode Island and Pro<br>Office of the Secreta  |  | Fee: \$50.00       |
|--|--|--|--------------------|
|  | Division Of Business<br>148 W. River St  | reet   |                    |
| HOPE   | Providence RI 0290<br>(401) 222-304  |  |                    |
| Limited Liability Com<br>Annual Report<br>Filing Period: September 1   |  |  |                    |
|  | 7-16-66(d), each limited liability comp<br>in thirty (30) days after the time presc<br>penalty fee of \$25.00. |  |                    |
| ANNUAL REPORT YEAR:  | <u>2018</u>  |  |                    |
| <b>1. ID No.</b> <u>000790701</u>  | <u> </u>   |  |                    |
| 2. Exact Name of the Limited Liability Company WEALTH IMPACT PARTNERS, LLC   |  |  |                    |
| 3. State of Formation  |  |  |                    |
| State: <u>MA</u>   |  |  |                    |
| ARTICLE III  |  |  |                    |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. |  |  |                    |
| <u>523930</u>  |  |  |                    |
| 4. Brief Description of th   | e Character of the Business Which  | is Actually Conducted in Rho                 | de Island          |
| ESTATE PLANNING A  | AND ADVISORY   |  |                    |
| 5. Principal Office Addre  | SS   |  |                    |
| No. and Street: <u>31 COL</u><br>City or Town: <u>WARW</u>   | LEGE HILL ROAD, SUITE 31A<br><u>ICK</u>  | State: <u>RI</u> Zip: <u>02886</u> Co        | untry: <u>USA</u>  |
| 6. Mailing Address of Lir  | nited Liability Company and Name   | or Title of Contact Person:                  |                    |
|  | HLAND AVENUE, SUITE 401  |  |                    |
| City or Town: <u>NEEDH</u>   |  | State: <u>MA</u> Zip: <u>02494</u> Co        | uniiry: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS  |  |  |                    |
| Title  | Individual Name  | Address                                      |                    |
|  | First, Middle, Last, Suffix  | Address, City or Town, State, Zip Co         | ode, Country       |
| MANAGER  | RONALD WARE  | 175 HIGHLAND AVE, SU<br>NEEDHAM, MA 02494 US |                    |
| MANAGER  | JOSHUA PROCACCINI  | 175 HIGHLAND AVE, SU                         | ITE 401            |

## 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

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