RI SOS Filing Number: 201880905610 Date: 11/5/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 **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.

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| 1.55 (0.85) | | | | | | | | | |

| 1. Entity ID Number 122518 | 2. Exact name of the Limited Liability Company ANCIENT WISDOM, LLC | | | | | | | |
|---|--|--|--|---------------------------|---------------------------------|--|--|--|
| 3. NAICS Code | 4. Brief de | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 813110 | Providing spiritual healing, reiki and shamanism services | | | | | | | |
| 5. State of Formation | | | | | | | | |
| Rhode Island | - | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | | |
| 40 Pine Hill Avenue | | | Johnston | RI | 02919 | | | |
| 7. Mailing Address of Limited Li | ability Compa | any and Name o | | | | | | |
| Contact Name Elizabeth F. Desrochers | | | Contact Title Member | | | | | |
| Street Address P O Box 19005 | | | City Johnston | State RI | ^{Z_{IP}} 02919 | | | |
| 8. List ALL managers (names a | and addresse | 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 | indicate an attachment | | | |
| Resident Agent in Rhode Isla | and. This infor- | nation is currently | of record with the Department of Si | ate. Changes require fili | ng Form 642. | | | |
| Under penalty of perjury, I de statements, and that all state | | | examined this report, includi true and correct. | ng any accompanyin | ng schedules and | | | |
| Name of Authorized Person | | | | | | | | |
| Elizabeth F. Desrochers | | | | Cot 30, 2018 | | | | |
| Signature of Authorized Person | Lowne | chei | ON DOCUMENT HERE | | | | | |
| 7 | FILED | | | | | | | |

MAIL TO:

Division of Business Services

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

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