



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

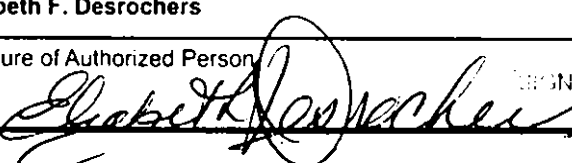
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FOR
SECRETARY OF STATE
CORPORATE

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.

1. Entity ID Number 122518		2. Exact name of the Limited Liability Company ANCIENT WISDOM, LLC			
3. NAICS Code 813110		4. Brief description of the character of business conducted in Rhode Island Providing spiritual healing, reiki and shamanism services			
5. State of Formation Rhode Island					
6. Principal Office Address 40 Pine Hill Avenue		City Johnston		State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Elizabeth F. Desrochers			Contact Title Member		
Street Address P O Box 19005		City Johnston		State RI	Zip 02919
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 ☐					
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 Elizabeth F. Desrochers				Date Oct 30, 2018	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

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

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