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

STAMP

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	2. Exact name of the Limited Liability Company
122518	**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	City	State	Zip
40 Pine Hill Avenue	**Johnston**	**RI**	**02919**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Elizabeth F. Desrochers	**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	Date
Elizabeth F. Desrochers	Oct 30, 2018

Signature of Authorized Person: Elizabeth Desrochers SIGN DOCUMENT HERE

FILED

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BY 1513 DS

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov