

Annual Report for the year: 2019

 → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. 				OCT 1.5 2019		
				BY	1295 PS	
1. Entity ID Number 000538899	l l	2 Exact name of the Limited Liability Company THE WELL ORDERED LIFE, LLC				
3. NAICS Code 531110		Brief description of the character of business conducted in R Residential Organization				
5. State of Formation RI						
6. Principal Office Address	i		City	State	Zıp	
19 Barnes Street			Providence	RI	02906	
7. Mailing Address of Limit	ed Liability Compa	any and Name c	or Title of Contact Person			
Contact Name Barbara Wigren			Contact Title Member	Contact Title Member		
Street Address 19 Barnes Street			City Providence	State RI	^{Zıp} 02906	
	nes and addresses	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	7 ip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Ζιp	
					indicate an attachment	
			of record with the Department of Sta			
Under penalty of perjury, statements, and that all s			examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person	Nigrer	1		V Date 10 -	-10-19,	
Signature of Authorized Pe			ON DOCUMENT HERE			

MAIL TO:

Division of Business Services

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

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

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