

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2019
 Limited Liability Company

NOV 04 2019

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1

BY 1468 DS

1. Entity ID Number <u>001334388</u>		2. Exact name of the Limited Liability Company <u>wellbeingclinic, llc</u>		
3. NAICS Code <u>621399</u>		4. Brief description of the character of business conducted in Rhode Island <u>acupuncture + herbal supplements</u>		
5. State of Formation <u>RI</u>				
6. Principal Office Address <u>22 Water St.</u>		City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <u>Deidre Julian</u>		Contact Title <u>owner</u>		
Street Address <u>41 Washington St.</u>		City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS				
Manager N: _____		Manager Name _____		
Street Add _____		Street Address _____		
C _____		City _____	State _____	Zip _____
Manager N: _____		Manager Name _____		
Street Address _____		Street Address _____		
City _____	State _____	Zip _____	City _____	State _____
Check the box to indicate an attachment <input type="checkbox"/>				
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 <u>Deidre Julian</u>			Date <u>10/28/19</u>	
Signature of Authorized Person <u>[Signature]</u>				

MAIL TO:

Division of Business Services

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