



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 CORPORATIONS DIV

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 Annual Report for the year: **2019**
 Limited Liability Company

2019 NOV 27 PM 2: 06

- 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 797149		2. Exact name of the Limited Liability Company StillPoint Wellness, LLC			
3. NAICS Code 621420		4. Brief description of the character of business conducted in Rhode Island Health Care			
5. State of Formation Rhode Island					
6. Principal Office Address 18 Cherry Hill Drive			City Seekonk	State MA	Zip 02771
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Susan Caron			Contact Title Member		
Street Address 18 Cherry Hill Drive			City Seekonk	State MA	Zip 02771
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 <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.					
<i>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.</i>					
Name of Authorized Person Susan Caron, Member				Date 11/5/19	
Signature of Authorized Person <i>Susan Caron</i> SIGN 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

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