**FILED** 

Annual Report for the year: 2019

→ Filing period: September 1 - November 1

→ Filing Fee. \$50.00

**Limited Liability Company** 

→ Penalty: Additional \$25 00 fee if form is not filed by December 1.

| AUG 1 2 2020 |    |
|--------------|----|
| BY           | 20 |
|              |    |

| Entity ID Number   | 2 Exact nam      | 2 Exact name of the Limited Liability Company                            |                                    |                         |                                 |  |  |
|--|------------------|--|------------------------------------|-------------------------|---------------------------------|--|--|
| 001681958  | Journe           | Journey of the Soul Books, LLC   |                                    |                         |                                 |  |  |
| 3. NAICS Code  | 4. Brief desc    | Brief description of the character of business conducted in Rhode Island |                                    |                         |                                 |  |  |
| 511000   | Book Publis      | Book Publisher   |                                    |                         |                                 |  |  |
| 5 State of Formation   | Religious B      | Religious Books & Materials  |                                    |                         |                                 |  |  |
| Rhode Island   |                  |  |                                    |                         | ,                               |  |  |
| 6. Principal Office Address                                    | .1               |  | City                               | State                   | Zip                             |  |  |
| 430 Old Boston Neck Road                                       |                  |  | Saunderstown                       | RI                      | 02874                           |  |  |
| 7. Mailing Address of Limited Li                               |                  | y and Name or Tit  |                                    |                         |                                 |  |  |
| Contact Name Barbara Mariconda                                 |                  |  | Contact Title Manager              |                         |                                 |  |  |
| Street Address 430 Old Boston Neck Road                        |                  |  | City Saunderstown                  | State RI                | <sup>Z<sub>1</sub>p</sup> 02874 |  |  |
| 8 List ALL managers (names a                                   |                  | of the Limited Lia   | bility Company, IF APPLICABL       | E - DO NOT LIST         | MEMBERS                         |  |  |
| Manager Name Barbara Mariconda                                 |                  |  | Manager Name                       | Manager Name            |                                 |  |  |
| Street Address 430 Old Boston Neck Road                        |                  | Street Address   |                                    |                         |                                 |  |  |
| City Saunderstown  | State RI         | Z <sub>IP</sub> 02874  | City                               | State                   | Zıp                             |  |  |
| Manager Name   | _1               |  | Manager Name                       |                         |                                 |  |  |
| Street Address   |                  |  | Street Address                     |                         |                                 |  |  |
| City   | State            | Zıp  | City                               | State                   | Zip                             |  |  |
|  |                  |  |                                    | Check the box to        | indicate an attachment          |  |  |
| 9 Resident Agent in Rhode Isla                                 | and This informa | ition is currently of re   | ecord with the Department of State | . Changes require filii | ng Form 642                     |  |  |
| Under penalty of perjury, I de statements, and that all state. |                  |  |                                    | any accompanyin         | g schedules and                 |  |  |
| Name of Authorized Person                                      |                  |  |                                    | Date                    |                                 |  |  |
| Barbara Mariconda  |                  |  |                                    | 7/30/20                 | 120                             |  |  |
| Signature of Authorized Person                                 |                  | ricon  |                                    |                         |                                 |  |  |

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov