



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2019

1. ID No. 000130258

2. Exact Name of the Limited Liability Company WELLNESS RESOLUTIONS, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621399

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

NUTRITION, FITNESS AND WELLNESS COUNSELING AND EDUCATION

5. Principal Office Address

No. and Street: 1635 MINERAL SPRING AVENUE
SUITE 205

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 Country: USA

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

Contact Name: Contact Title:

No. and Street: 1635 MINERAL SPRING AVE
SUITE 205

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	RACHEL A ROBERTS	1635 MINERAL SPRING AVE #205 NORTH PROVIDENCE, RI 02904 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RACHEL A. ROBERTS 1920 MINERAL SPRING AVENUE, SUITE 10 NORTH PROVIDENCE , RI 02904

Signed this 7 Day of September, 2020 at 7:32:49 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By RACHEL ROBERTS
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2020 State of Rhode Island
All Rights Reserved



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 07, 2020 07:32 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

