



State of Rhode Island  
**Department of State - Business Services Division**

**STAMP**

**Annual Report for the year:** 2020  
**Limited Liability Company**

- 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<br>001687632  | 2. Exact name of the Limited Liability Company<br>Awakened Path Books, I.I.C                              |                         |                   |
| 3. NAICS Code<br>711510   | 4. Brief description of the character of business conducted in Rhode Island<br>TO WRITE AND PUBLISH BOOKS |                         |                   |
| 5. State of Formation<br>RHODE ISLAND   |   |                         |                   |
| 6. Principal Office Address<br>150 PROMENADE STREET   | City<br>BARRINGTON  | State<br>RI             | Zip<br>02806      |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                         |                   |
| Contact Name<br>CANDACE N. BREEN  |   | Contact Title<br>MEMBER |                   |
| Street Address<br>150 PROMENADE STREET  |   | City<br>BARRINGTON      | State<br>RI       |
|   |   | Zip<br>02806            |                   |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |   |                         |                   |
| Manager Name<br>N/A   |   | Manager Name<br>N/A     |                   |
| Street Address  |   | Street Address          |                   |
| City  | State   | City                    | State             |
| Zip   |   | Zip                     |                   |
| Manager Name<br>N/A   |   | Manager Name<br>N/A     |                   |
| Street Address  |   | Street Address          |                   |
| City  | State   | City                    | State             |
| Zip   |   | Zip                     |                   |
| Check the box to indicate an attachment <input type="checkbox"/>  |   |                         |                   |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |   |                         |                   |
| <b>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.</b> |   |                         |                   |
| Name of Authorized Person<br>CANDACE N. BREEN   |   |                         | Date<br>9/21/2020 |
| Signature of Authorized Person<br><i>Candace N. Breen</i>   |   |                         |                   |

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

**FILED**  
 SEP 25 2020 *KM*  
 BY 1485