RI SOS Filing Number: 202071909480 Date: 10/28/2020 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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.

FILED
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1. Entity ID Number	2 Exact n	2. Exact name of the Limited Liability Company				
538899	i i	THE WELL ORDERED LIFE, LLC				
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
531110	Residentia	Residential organization.				
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
19 Barnes Street			Providence	RI	02906	
7 Mailing Address of Limit		any and Name o	r Title of Contact Person		L	
Contact Name Barbara Wigren			Contact Title Member			
Street Address 19 Barnes Street			City Providence	State RI	^{7 ip} 02906	
8. List ALL managers (nan	nes and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
		!		Check the box to	 indicate an attachment []	
9. The Resident Agent info	ermation currently	of record with th	e RI Department of State is accu			
Under penalty of perjury, statements, and that all s	, I declare and aft	firm that I have	examined this report, includir	ng any accompanyin	g schedules and	
Name of Authorized Perso				Date		
Barbara Wigren				× 10-25-20		
Signal re of Authorized Pe	erson	11.0.1		'''	•	
× YUNVOANO	L WIR	ren				
)				

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov