BUS SVCS DIV JOSO MON 10 6 1:08 State of Rhode Island Department of State - Business Services Division Annual Report for the year: **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. Entity ID Numbe 2 Exact name of the Limited Liability Company 4. Brief description of the character of business conducted in Rhode Island lite + business coaching services 5 State of Formation 6 Principal Office Address 02806 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Street Address State 1 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 State City Z·ρ State Ζıρ Manager Name Manager Name Street Audress Street Address City State Ζıp City State Ζıρ Check the box to indicate an attachment 9 The Resident Agent information currently of record with the RI Department of State is accurate. Changes require fling Form 642 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. Name of Authorized Person Date Signature of Authorized P FILED

RI SOS Filing Number: 202074289110 Date: 11/10/2020 FIFE OF FMALE

MAIL TO:

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