



State of Rhode Island
Department of State - Business Services Division

FILED

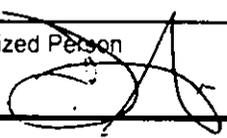
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Annual Report for the year: 2021
Limited Liability Company

- 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 001699367		2. Exact name of the Limited Liability Company WAVES WELLNESS CENTER LLC			
3. NAICS Code 812199		4. Brief description of the character of business conducted in Rhode Island Wellness Center			
5. State of Formation RI					
6. Principal Office Address 190 High Street		City Bristol	State RI	Zip 02809	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Sandi Andersen		Contact Title Manager			
Street Address 190 High Street		City Bristol	State RI	Zip 02809	
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			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	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					
<i>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.</i>					
Name of Authorized Person Sandi Andersen				Date 8/28/2021	
Signature of Authorized Person 					

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