



State of Rhode Island

## Department of State - Business Services Division

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.

FILED

OCT 5 2021

BY 106

|  |                    |  |                                       |                          |                     |
|--|--------------------|--|---------------------------------------|--------------------------|---------------------|
| 1. Entity ID Number<br><u>001698791</u>  |                    | 2. Exact name of the Limited Liability Company<br><u>EMPOWERING PEOPLE LLC</u>   |                                       |                          |                     |
| 3. NAICS Code<br><u>812990</u>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>Coaching services for life changes and empowerment - Certified TRAINER</u> |                                       |                          |                     |
| 5. State of Formation<br><u>RI</u>   |                    |  |                                       |                          |                     |
| 6. Principal Office Address<br><u>838 CENTERVILLE RD</u>   |                    | City<br><u>WARWICK</u>   |                                       | State<br><u>RI</u>       | Zip<br><u>02886</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |                    |  |                                       |                          |                     |
| Contact Name<br><u>SANDRA STOKES</u>   |                    |  | Contact Title<br><u>MANAGER/OWNER</u> |                          |                     |
| Street Address<br><u>838 CENTERVILLE RD</u>  |                    |  | City<br><u>WARWICK</u>                | State<br><u>RI</u>       | Zip<br><u>02886</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |                    |  |                                       |                          |                     |
| Manager Name<br><u>SANDRA STOKES</u>   |                    |  | Manager Name                          |                          |                     |
| Street Address<br><u>838 CENTERVILLE RD</u>  |                    |  | Street Address                        |                          |                     |
| City<br><u>WARWICK</u>   | State<br><u>RI</u> | Zip<br><u>02886</u>  | 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.  |                    |  |                                       |                          |                     |
| 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<br><u>SANDRA STOKES</u>  |                    |  |                                       | Date<br><u>10/2/2021</u> |                     |
| Signature of Authorized Person<br><u>Sandra Stokes</u>   |                    |  |                                       |                          |                     |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)