



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 000764524

2. Exact Name of the Limited Liability Company 26.2+ LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

999999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

26.2+ IS DEDICATED TO GUIDING INDIVIDUALS TO SERENITY THROUGH OUR
GUIDING PRACTICES OF VEGANISM, RUNNING, ENVIRONMENTAL CONSCIOUSNESS,
ONLY
USING
TECHNOLOGY TO ENHANCE THEIR LIFE AND HELP IMPROVE THE ENVIRONMENT,
AND
WORLDLY
AWARENESS (BUSINESS, POLITICS, ETC, ETC). ONE OF OUR MAIN GOALS IS TO
REALLY KEEP
INDIVIDUALS IN TUNED TO HOW PEOPLE ARE USING THESE GUIDING PRACTICES TO
FEEL GOOD
ABOUT THEMSELVES, THEIR FAMILIES, AND CHANGING THE WORLD THAT WE LIVE
IN
THROUGH
EVERYDAY SERENITY AND OPTIMISM.

5. Principal Office Address

No. and Street: 18 VINTON AVENUE
City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: PHILIP A. KIESLING Contact Title:

No. and Street: 18 VINTON AVENUE

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

PHILIP A. KIESLING 18 VINTON AVENUE CRANSTON , RI 02920

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 10 Day of October, 2021 at 6:22:02 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By PHILIP A. KIESLING
Signature of Authorized Person

Form No. 632
Revised 09/07

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