RI SOS Filing Number: 202103261630 Date: 10/14/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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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.

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Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
538899	The We	The Well Ordered Life, LLC					
3. NAICS Code	I	4. Brief description of the character of business conducted in Rhode Island					
531110	Residenti	Residential organization.					
5. State of Formation							
RI							
6. Principal Office Address	· !		City	State	Zip		
19 Barnes Street			Providence	RI	02906		
7. Mailing Address of Limiter		any and Name o		•			
Conlact Name Barbara Wigren			Contact Title Member	Contact Title Member			
Street Address 19 Barnes Street		City Providence	State RI	^{Z₁p} 02906			
	es and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zıp		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
		<u></u>		Check the box to	indicate an attachment		
9. The Resident Agent inform	mation currently	of record with th	e RI Department of State is accu	rate Changes requ	ire filing Form 642		
Under penalty of perjury, I statements, and that all st	declare and aft atements conta	firm that I have ined herein are	examined this report, including true and correct.	g any accompanyi	ng schedules and		
Name of Authorized Person Date							
Barbara Wigren $\sqrt{0-10-21}$							
Signature of Authorized Person							
x your your	77117	TAN.					
	- 1	\					

MAIL TO:

Division of Business Services

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

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