



State of Rhode Island
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 OCT 21 P 2:28

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 001710861		2. Exact name of the Limited Liability Company TURTLE ISLAND WAMPUM, LLC			
3. NAICS Code 448310		4. Brief description of the character of business conducted in Rhode Island JEWELRY			
5. State of Formation RI					
6. Principal Office Address 159 WILLARD AVENUE		City WAKEFIELD	State RI	Zip 02879	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name KAYLA CARTER			Contact Title MANAGER		
Street Address 159 WILLARD AVENUE		City WAKEFIELD	State RI	Zip 02879	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name KAYLA CARTER		Manager Name JOSHUA DAVID CARTER			
Street Address 159 WILLARD AVENUE		Street Address 159 WILLARD AVENUE			
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Manager Name N/A		Manager Name N/A			
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 KAYLA CARTER				Date 10/14/21	
Signature of Authorized Person <i>Kayla M Carter</i>					

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

FILED
 OCT 21 2021
 BY CUZ45T
 2:28