



**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.** 001711483

**2. Exact Name of the Limited Liability Company** TMWC Activity Professional Academy 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.

541618

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

TMWC ACTIVITY PROFESSIONAL ACADEMY LLC IS A PLACE WHERE THOSE IN THE FIELD OF ACTIVITIES AND RECREATION CAN REFINE THEIR PRACTICE THROUGH EDUCATION, TRAINING AND COACHING, RESTORE THEIR WELL-BEING THROUGH MINDFULNESS AND REIKI SESSIONS AND ACCESS RESOURCES TO ENHANCE THE PROGRAMS WHICH PROVIDE QUALITY OF LIFE FOR THOSE THEY SERVE.

**5. Principal Office Address**

No. and Street: 55 CARLSON CIRCLE  
City or Town: WEST WARWICK State: RI Zip: 02893 Country: USA

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

Contact Name: TIMOTHY ANDERSON Contact Title: OWNER  
No. and Street: 55 CARLSON CIRCLE  
City or Town: WEST WARWICK State: RI Zip: 02893 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
MANAGER	NONE	

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

SAMANTHA MCCARTHY, ESQ. 19 FIRST AVENUE EAST GREENWICH , RI 02818

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

**Signed this 28 Day of October, 2021 at 10:59:13 AM 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 TIMOTHY ANDERSON  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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