RI SOS Filing Number: 202104973730 Date: 11/8/2021 4:00:00 PM

State of Rhode Island Department of State - Business Services Division	
Annual Report for the year: 2021	NOV 8 8 2021
Limited Liability Company	16
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	BY
9	
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.	[. 丿)

1. Entity ID Number 001716736	1	2. Exact name of the Limited Liability Company Rouse Wellness LLC					
3. NAICS Code 812990	1	Brief description of the character of business conducted in Rhode Island Health Coach					
5. State of Formation Rhode Island							
Principal Office Address 2 Park Ave, Unit 12			City Narragansett	State RI	Zip 02882		
7. Mailing Address of Limited i	Liability Compar	ny and Name or Ti	tle of Contact Person				
Contact Name Kristin Brock			Contact Title Founder and CEO				
Street Address 12 Park Ave, Unit 12			City Narragansett	State RI	^{Zip} 02882		
8. List ALL managers (names	and addresses) of the Limited Lia	ibility Company, IF APPLICAS	LE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zha	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zo	City	State	Zip		
		· •		Check the box to	indicate an attachment		
9. The Resident Agent informs	ation currently o	f record with the R	Department of State is accur	rate. Changes requir	e filing Form 642.		
Under penalty of perjury, i d statements, and that all stat				any accompanyin	ng schedules and		
Name of Authorized Person Kristin Brock				Date 11/01/2021			
Signature of Authorized Perse				ic/e	01/2021		

MAIL TO:

Division of Business Services

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

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