



State of Rhode Island

Department of State - Business Services Division

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.

FILED

STAMP

NOV 12 2021

BY

1. Entity ID Number 122518		2. Exact name of the Limited Liability Company ANCIENT WISDOM, LLC			
3. NAICS Code 813110		4. Brief description of the character of business conducted in Rhode Island Providing spiritual healing, reiki and shamanism services			
5. State of Formation Rhode Island					
6. Principal Office Address 40 Pine Hill Avenue			City Johnston	State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Elizabeth F. Desrochers			Contact Title Member		
Street Address P. O. Box 19005			City Johnston	State RI	Zip 02919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person Elizabeth F. Desrochers				Date Oct 12, 2021	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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