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State of Rhode Island

Department of State - Business Services Division

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2023 JAN 13 A 11: 06

Annual Report for the year: 2073 **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

	· · · · · · · · · · · · · · · · · · ·			
1. Entity ID Number	2. Exact name of the Limited Liability Company			
001695331	Wild Living, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
812990	Exercise programming and nutrition guidance provided remotely			
5. State of Formation	provided remotely.			
R1	<u>'</u>	•		
6. Principal Office Address	į	City	State	Zip
2 Lyndale St	!	Johnston	RI	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Mariel Washbuce	<u> </u>	Contact Title Member		
Street Address 2 Lyndale St.		city Johnston	State R	zip 07919
8. 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			Date	
Mariel wash bum			119/2023	
Signature of Authorized Person				
marier walkerin				
	·		•	

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

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