

Annual Report for the year: 202| 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.

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BUS SVCS DIV

2023 JAN 13 A 11: 06

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			
5. State of Formation	provided remotely			
21				
6. Principal Office Address		City	State	Zip
2 Lyndale St		Johnston	21	07919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Mariel Washburn		Contact Title, Mem Sec		
Street Address Z Lyndale St		. Johnston	State [2]	zip 02919
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 Washerin			11912023	
Signature of Authorized Person				
Mariel Washburn				

**MAIL TO:** 

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 1 8 2023 BY MI VCMJZ

FILED

FORM 632 - Revised: 11/2021