



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SERVICES

Annual Report for the year: 2022
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 <u>001718175</u>		2. Exact name of the Limited Liability Company <u>Max Kal Health & Wellness LLC</u>	
3. NAICS Code <u>44600</u>		4. Brief description of the character of business conducted in Rhode Island <u>Sale of health goods.</u>	
5. State of Formation <u>Rhode Island</u>			
6. Principal Office Address <u>11 Somerset Avenue</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02908</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Schantel</u>		Contact Title <u>Owner</u>	
Street Address <u>11 Somerset Ave</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02908</u>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person <u>Schantel Milichcombe</u>		Date <u>4/14/2023</u>	
Signature of Authorized Person 			
000,000.00 <input type="checkbox"/> 000,000.00 <input type="checkbox"/> 000,000.00 <input type="checkbox"/> 000,000.00 <input type="checkbox"/> 000,000.00 <input type="checkbox"/> 300 <input type="checkbox"/>			

FILED
APR 14 2023
BY GSG2R

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