State of the Sesial Filling Number: 202335492590 Date: 5/10/2023 4:00:00 PM

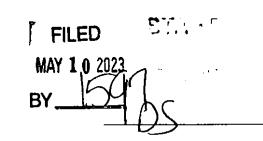
Department of State - Business Services Division

Annual Report for the year: 2023 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.



Entity ID Number	2. Exact name of the Lim	Exact name of the Limited Liability Company Haven, LLC Brief description of the character of business conducted in Rhode Island To run a fitness studio.			
1676859	Haven, LLC				
3. NAICS Code 713940	· '				
5. State of Formation Rhode Island					
6. Principal Office Address		City	State	Zip	
2197 Broad Street		Cranston	RI	02905	
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person			
Contact Name Alison Cavallo		Contact Title Member			
Street Address 2197 Broad Street		City Cranston	State RI	Zip 02905	
8. The Resident Agent infor	mation currently of record with t	he RI Department of State is acc	urate. Changes requir	e filing Form 642.	
	I declare and affirm that I hav tatements contained herein a	e examined this report, includi re true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person			Date		
Alison Cavallo			5/3/23		

MAIL TO:

Division of Business Services

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

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