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State of Rhode Island Department of State - Business Services Division

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.

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2. Exact name of the Limited Liability Company					
Well-TEMPERED, BALH LLC					
4. Brief description of the character of business conducted in Rhode Island					
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Research on the MUSIC TO 12 BACK					
	City	State	Zip		
lve	SAUNDERSTOUN	RI	02874		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lestie Kenney		Contact Title			
Street Address P. U. Box 365		State	Zip		
	JAUNOERSTONN	RI	02874		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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.					
		Date /	/ _		
LESLIEM KENNEY		11/9/23			
Signature of Authorized Person					
- dollm tenner					
	Well - TEMPERED, 4. Brief description of the charact Reserrach on Vel bility Company and Name or Title on currently of record with the RID lectare and affirm that I have extend on the contained herein are true	Well - TEMPERED BALH LL C 4. Brief description of the character of business conducted in Rh Research on the Music of City Shunders Town bility Company and Name or Title of Contact Person Contact Title City ANNOERSTONN on currently of record with the RI Department of State is accurate. Sector and affirm that I have examined this report, including a ments contained herein are true and correct.	Well-TEMPERED, BALH LLC 4. Brief description of the character of business conducted in Rhode Island Research on the MUSIC of TS BACK City State Shillity Company and Name or Title of Contact Person Contact Title City State City City State City City State City City State City City City State City City City State City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City Cit		

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MAIL TO:

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