



State of Rhode Island
Department of State - Business Services Division

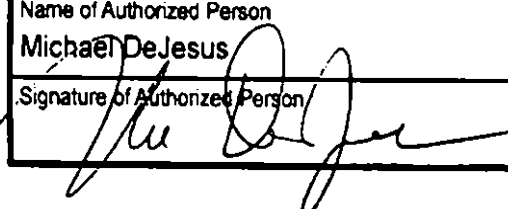
Annual Report for the year: 2024
Limited Liability Company

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

STAMP
MAR 25 2024

BY 253
00

1. Entity ID Number 001764567		2. Exact name of the Limited Liability Company The Healing Well, LLC	
3. NAICS Code 812199		4. Brief description of the character of business conducted in Rhode Island Wellness and personal care services	
5. State of Formation RI			
6. Principal Office Address 301 State Avenue		City Tiverton	State RI
		Zip 02878	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Michael DeJesus		Contact Title Member	
Street Address 301 State Avenue		City Tiverton	State RI
		Zip 02878	
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.			
Name of Authorized Person Michael DeJesus		Date 3/18/2024	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov