

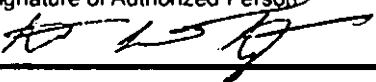


State of Rhode Island
Department of State - Business Services Division

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
MAR 27 2024
 BY 114
TS

1. Entity ID Number 001765530		2. Exact name of the Limited Liability Company Awaken Financial Services LLC	
3. NAICS Code 541219		4. Brief description of the character of business conducted in Rhode Island General bookkeeping services	
5. State of Formation Rhode Island			
6. Principal Office Address 379 Sunset Ave, Apt. 9		City North Providence	State RI
		Zip 02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Anna Louise Ayers		Contact Title Owner	
Street Address 379 Sunset Ave, Apt. 9		City North Providence	State RI
		Zip 02904	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <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 Anna Louise Ayers		Date 3/15/2024	
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