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

1. Entity ID Number	2. Exact name of the Limited Liability Company
001765530	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	City	State	Zip
379 Sunset Ave, Apt. 9	North Providence	RI	02904

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title
Anna Louise Ayers	Owner

Street Address	City	State	Zip
379 Sunset Ave, Apt. 9	North Providence	RI	02904

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	Date
Anna Louise Ayers	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