

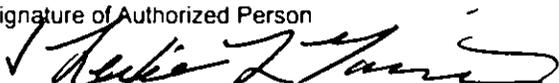


**State of Rhode Island
Department of State - Business Services Division**

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
MAY 02 2024
BY 1025004629
DS

1. Entity ID Number 001755032		2. Exact name of the Limited Liability Company MISSION MAMA, LLC			
3. NAICS Code 812990		4. Brief description of the character of business conducted in Rhode Island WELLNESS TRAINING			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 115 WASHINGTON STREET			City WEST WARWICK	State RI	Zip 02893
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LEXIE L. ZANIEWSKI			Contact Title MEMBER		
Street Address 179 MONTEREY DRIVE			City WEST WARWICK	State RI	Zip 02893
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 LEXIE L. ZANIEWSKI				Date 4/28/24	
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