



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

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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.

1. Entity ID Number 001691506		2. Exact name of the Limited Liability Company YOUR WAY TO WELLNESS RI LLC			
3. NAICS Code 624100		4. Brief description of the character of business conducted in Rhode Island WELLNESS CONSULTING			
5. State of Formation RI					
6. Principal Office Address 144 DOVER LANE			City CAROLINA	State RI	Zip 02812
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name SHERYL PARENTE			Contact Title OWNER		
Street Address 144 DOVER LANE			City CAROLINA	State RI	Zip 02812
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 <i>Sheryl A. Parente</i>				Date 5-9-2024	
Signature of Authorized Person <i>Sheryl A Parente</i>					

FILED

JUN 07 2024
 BY 7PK57
 AA-12:00pm

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