



State of Rhode Island  
Department of State - Business Services Division

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CORPORATIONS DIV

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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 <b>001680756</b>		2. Exact name of the Limited Liability Company <b>Triwellri LLC</b>			
3. NAICS Code <b>999999</b>		4. Brief description of the character of business conducted in Rhode Island <b>Health &amp; wellness coaching</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>36 Edwards Avenue</b>		City <b>Wahfield</b>	State <b>RI</b>	Zip <b>02879</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>leigh Camll</b>		Contact Title			
Street Address <b>350 William Reynolds Rd</b>		City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	
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 <b>leigh Camll</b>			Date <b>6/25/24</b>		
Signature of Authorized Person 					

FILED

JUN 28 2024  
BY ANATZ  
AA. 11:18 AM.

MAIL TO:  
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