



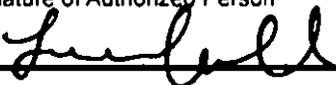
State of Rhode Island
Department of State - Business Services Division

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

FILED

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

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov