RI SOS Filing Number: 202457490830 Date: 6/28/2024 11:17:00 AM



State of Rhode Island

**Department of State - Business Services Division** 

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Annual Report for the year: **Limited Liability Company** 

2024 JUN 28 AM II: 16.

→ 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	2. Exact name of the Limited Liability Company				
001680756	Triwelle LLC				
3. MAICS Code 999999999999999999999999999999999999	4. Brief description of the character of business conducted in Rhode Island  [Health and Wellness conducted in Rhode Island				
6. Principal Office Address		City	State	Zip	
36 Edwards Are		Waterield	P.	02879	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Leigh Carroll		Contact Title			
Street Address 350 William Reynolds Road		City Exeter	State RI	2ip 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			Date		
Leigh Carril		•	6/25/24		
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 FILED

7.11:17 Am