

State of Rhode Island Department of State - Business Services Division

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

2024

→ Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

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Entity ID Number	2. Exact name of the Limited Liability Company				
001705250	Life with LO LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
541611	Wellness Konsultation Health				
5. State of Formation ,	Health/				
Rhode Island	, ,				
6. Principal Office Address		City	State	Zip	
64 Candace St		Providence	RI	02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	Contact Trile				
Levanne 011	viera founder				
Street Address	~ A	City Providence	State	Zip On C	
64 landua	aa It			02708	
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	Minara		Date		
Leyanne (Ilwara -				
Signature of Authorized Person					
Legunden					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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