RI SOS Filing Number: 202566863190 Date: 3/10/2025 4:00:00 PM

AT

## State of Rhode Island

## **Department of State - Business Services Division**

FILED

Annual Report for the year:

2025

MAR 1 0 2025

**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.

(B)

BY\_ 1005

	<del></del>					
1. Entity ID Number	2. Exact name of the Limi	ted Llability Company				
00/765152	Wildflower Wealth Advisors, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
523930	Referring Investment Advisor					
5. State of Formation						
Rhude Island						
6. Principal Office Address		City	State	Zip		
100 Wildflower Trail		Wake Field	RI	02879		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Contact Title						
James G. Couch		Member				
Street Address 100 Wild flower Trail		city Wakefield	State RT	Zip 02879		
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						
Tames	G. Couch		March 7, 2025			
Signature of Authorized Person						
V						

**MAIL TO:** 

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov