RI SOS Filing Number: 202567726160 Date: 3/19/2025 4:00:00 PM

FILED

MAR 19 2025

BY

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ 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 Corporation
1760563	LIVWELL Foods, Inc.

3. Principal Office Address	City	State	Zip
14 Stony Brook Avenue	Stony Brook	NY	11790

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
311941	Manufacturing and sales of pasta sauce.
5. State of Incorporation	
Delaware	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Olivia Warszycki			Vice-President Name		
Street Address: 14 Stony Brook Avenue			Street Address		
City: Stony Brook	State: NY	Zip: 11790	City	State	Zip
Secretary Name: Olivia Warszycki			Treasurer Name		
Street Address: 14 Stony Brook Avenue			Street Address		
City: Stony Brook	State: NY	Zip: 11790	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Olivia Warszycki			Director Name		
Street Address: 14 Stony Brook Avenue			Street Address		
City: Stony Brook	State: NY	Zip: 11790	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	Common	$0.005
		Preferred	$0.005

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative	Date
Olivia Warszycki	3/1/25

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023