

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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.

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Entity ID Number	2. Exact name of the Limited Liability Company					
001778165	Newport Island Wellness Center LLC					
3. NAICS Code A 198 5. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island Wellness Services, Sowna, Cold plunge, South cave, Red 1:34 therapt, ect					
6. Principal Office Address	•	City	State	Zip		
102 W MAIN RD		MIDDLETOWN	RI	02842		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	,	Contact Title				
Michelle We	alcayk Owner					
Street Address	/ .	ciry, odle tourn	State (^{zip} 02842		
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 Michelle Walczyke			Date 03/31/2025			
Signature of Authorized Person						

FILED

MAR 3 I 2025

MAIL TO:

Division of Business Services

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

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