



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
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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BUS. SVC. DIV.
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1. Entity ID Number 001722422		2. Exact name of the Limited Liability Company RESILIENCE LLC	
3. NAICS Code 611620		4. Brief description of the character of business conducted in Rhode Island HOCKEY TRAINING AND TEAM TRAINING	
5. State of Formation RI			
6. Principal Office Address 2 MORNING ROAD		City WEST KINGSTON	State RI
		Zip 02892	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name WILLIAM E. MCINTOSH IV		Contact Title MANAGER	
Street Address PO BOX 177		City EXETER	State RI
		Zip 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 WILLIAM E. MCINTOSH IV		Date 3-15-25	
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

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BY FLOZKE
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