



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGS BSD
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Annual Report for the year: 2021
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.

1. Entity ID Number <u>1714781</u>		2. Exact name of the Limited Liability Company <u>SUNWAVE Herbal Care LLC</u>	
3. NAICS Code <u>311920</u>		4. Brief description of the character of business conducted in Rhode Island <u>creating & selling herbal products</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>48 Dewey Ave</u>		City <u>Tiverton</u>	State <u>RI</u>
		Zip <u>02878</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Kristen Clemente</u>		Contact Title <u>Owner</u>	
Street Address <u>48 Dewey Ave</u>		City <u>Tiverton</u>	State <u>RI</u>
		Zip <u>02878</u>	
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 <u>Kristen Clemente</u>		Date <u>10/14/2025</u>	
Signature of Authorized Person <u>K. Clemente</u>			

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FILED

OCT 17 2025

BY 32QKV

MAIL TO:

Division of Business Services
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