

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.



Entity ID Number	2. Exact name of the Limited Liability Company					
000796000	Start Fresh, LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RI	Consulting, education, products and experiences related to healthy eating and living.					
5. Principal Office Address			City	State	Zip	
45 Mathewson Road			Barrington	RI	02806	
6. Mailing Address of Limited Li	ability Compa	any and Name o	r Title of Contact Person			
Contact Name Todd Harff			Contact Title Managing Member			
Street Address 45 Mathewson Road			City Barrington	State RI	^{Zip} 02806	
7. List ALL managers (names a	nd addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
8. Resident Agent in Rhode Isla	nd. This inforr	nation is currently	of record in the Department of State	. Changes require filing	Form 642.	
Under penalty of perjury, I dec statements, and that all states			examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date		
Todd Harff		2		7/11/16		
Signature of Authorized Person			SCO Na Na Hala P			

11:04 AM

FILED

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 14 2015

By 278997

KM