RI SOS Filing Number: 201609058700 Date: 09/19/2016 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company		
264467	AltMedBrands, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
Rhode Island	To market and sell at wholesale or retail nutritional supplements to complementary alternative practioners		
5. Principal office address	City	State	Zip
1.5 Granite Street	Westerly	RI	02891

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Thomas Clough			
Street Address	City	State	Zip
1.5 Granite Street	Westerly	RI	02891

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name		
None			
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

FILED

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

SEP 19 2016

By [redacted]

[redacted] 264467

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.

Thomas G. Clough 9/12/16

Signature of Authorized Person *Date*

[redacted] Thomas Clough

Print or Type Name of Authorized Person

File Date	
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY
142224-19-1131604

Form 632 Rev. 08/08

RECEIVED

WRITTEN CONSENT OF MEMBERS
AltMedBrands LLC

The undersigned, being of all of the members of **AltMedBrands, LLC** a Rhode Island limited liability company authorized to do business in the state of Rhode Island hereby takes the following action by written consent in accordance with Rhode Island General Laws:

1. The notice required for a special or annual meeting is hereby waived, and the within consent shall take the place of holding such meeting.

2. The office of the registered agent is Michael P. Lynch, Esquire, at 117 High Street, P.O. Box 761, Westerly, RI 02891.

3. The annual filing for 2016, a copy of which is attached hereto, is approved as to be filed with the Rhode Island Secretary of State.

EXECUTED and made effective as of this 12th day of September, 2016.

Witness

THOMAS CLOUGH