RI SOS Filing Number: 201610593180 Date: 10/19/2016 11:16 AM

State of Rhode Island and Providence Plantations
**Department of State - Business Services Division**

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**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.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | |
|---|---|---|---|
| 574529 | BNOURISHED LLC | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | |
| 61 | HOLISTIC HEALTH COACHING | | |
| 5. State of Formation | | | |
| RI | | | |
| 6. Principal Office Address | City | State | Zip |
| 933 GILBERT STUART ROAD | SAUNDERSTOWN | RI | 02874 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name: KATIE MCDONALD | Contact Title: OWNER | | |
| Street Address: 933 GILBERT STUART ROAD | City: SAUNDERSTOWN | State: RI | Zip: 02874 |
| 8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS** | | | |
| Manager Name | Manager Name | | |
| Street Address | Street Address | | |
| City / State / Zip | City / State / Zip | | |
| Manager Name | Manager Name | | |
| Street Address | Street Address | | |
| City / State / Zip | City / State / Zip | | |
| Check the box to indicate an attachment ☐ | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | |
| ***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: KATHR' 'N (KATIE) MCDONALD | Date: 10/16/16 | | |
| Signature of Authorized Person: SIGN DOCUMENT HERE | | | |

**MAIL TO.**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

**FILED** 11:16
OCT 19 2016
BY 286347

FORM 632 - Revised: 08/2016

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