

Annual Report for the year: 2016 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					
000798791	Claire Mor	Claire Moscrop Nutrition LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
54 - Professional, Scientific, a		The business of Claire Moscrop Nutrition LLC is to assist individuals in making sustainable changes in their nutrition and lifestyle in order to improve their well-being.				
5. State of Formation	7					
RI						
6. Principal Office Address			City	State	Zip	
2 Cold Spring Road			Barrington	RI	02806	
7. Mailing Address of Limited Lic	ability Compa	any and Name or	Title of Contact Person			
Contact Name Claire Moscrop			Contact Title	Contact Title		
Street Address 2 Cold Spring Road			City Barrington	State RI	^{Zip} 02806	
8. List ALL managers (names a	nd addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name			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	
9. Resident Agent in Rhode Isla	nd. This infor	nation is currently o	of record with the Department of Sta	ite. Changes require fili	ng Form 642.	
Under penalty of perjury, I dec statements, and that all stater				g any accompanyin	ig schedules and	
Name of Authorized Person				Date	Date	
Claire Moscrop				11/2/16		
Signature of Authorized Person		Me	Vy 19			

MAIL TO:

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

FORM 632 - Revised: 08/2016