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

2016 NOV 16 PM 12: 56
FILED R.I. DEPT OF STATE DIV

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
1339023	**Rhode Island Center for Natural Hormones and Wellness, LLC**

3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
54 - Professional, Scientific, anc	**to engage in the Business at the Location**

5. State of Formation
Rhode Island

6. Principal Office Address	City	State	Zip
36 South County Commons Way	**South Kingstown**	**RI**	**02879**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Mark O. Lowney**	Contact Title		
Street Address **36 South County Commons Way**	City **South Kingstown**	State **RI**	Zip **02879**

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	Date
Mark O. Lowney	11/1/16

Signature of Authorized Person
SIGN DOCUMENT HERE

FILED

NOV 16 2016

BY CK 1015

FORM 632 - Revised: 08/2016