



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2016

1. ID No. 000138271

2. Exact Name of the Limited Liability Company Herbs & Angels LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

44-45

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

GIFT SHOP & HEALING SERVICES - CLOSED BUSINESS MAY 31, 2016

BUSINESS IS NOW CLOSED

5. Principal Office Address

No. and Street: 1989A PLAINFIELD PIKE

City or Town: JOHNSTON

State: RI Zip: 02919 Country: USA

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

Contact Name: LINDA PULLANO Contact Title: MEMBER

No. and Street: 1989A PLAINFIELD PIKE

City or Town: JOHNSTON

State: RI Zip: 02919 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

LINDA PULLANO 1989A PLAINFIELD PIKE JOHNSTON , RI 02919

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

Signed this 5 Day of May, 2017 at 11:54:42 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LINDA PULLANO
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations
All Rights Reserved