

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

2017 OCT -6 AM 10: 59

→ 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				
851860	BADIES NATURAL LIC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
448130	Sale	OF BA	Ste Droducts +		
5. State of Formation	OFFER BASY + Delivery Classes				
6. Principal Office Address					Zıp
27 Mysirc Ave.			PAWGATULK	CT	06379
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Terry Desmond			Contact Title PARTHER		
Street Address 27 MySir Auc			CINDANCATUIL	State	zip 063 > 5
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	Zıp
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					
JASIDA DESMONDE 9/30/17					
Signature of Authorized Person					

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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