RI SOS Filing Number: 201751104300 Date: 10/6/2017 11:00:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

Entity ID Number 2. Exact yname of the Limited Liability Company					
851860	SADIES NATURAL LIC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
448130	Sale of Baby Products +				
5. State of Formation					
6. Principal Office Address			Cip	State	Zip
27 Mysoz Ave			PAWCATUCK	CT	06379
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Tes () Dosmond			Contact Title VATAVIL		
Street Address MySTZ Ave			CINPAUCANCK,	State	Zip 06375
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	Žip	City	State	Zîp
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 Desmond				Date 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 **FILED**

OCT 0 6 2017

A A A FORM 632 - Revised: 05