

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

BUS SVCS DIV 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 name of the Limited Liability Company					
851860	BADIES NATURAL LIC				
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island					
448130	SAL OF BASS Products +				
5. State of Formation C. J. Offen BABYT Deflivery Classes 6. Principal Office Address TO MYSTZ AVE City DAWCATUCK CT 06379					
6. Principal Office Address 7 MYS77 AVC			City Day CATUCK	State	Zip AC-375
					007/1
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Terry Demond			Contact Title VATINCE		
Street Address MySTZ Ave			CINPAUSANCK,	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	Zıp	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 Date 9					0/17
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