RI SOS Filing Number: 201752117750 Date: 10/23/2017 4:00:00 PM

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| State of Rhode Island and Providence Plantations Department of State - Business Services Division | |
|--|--------------|
| Annual Report for the year: 2017 | 5 |
| Limited Liability Company | 4 |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00 | |

| 1. Entity ID Number 747870 | 2. Exact name of the Limited Liability Company AA Holdings, LLC | | | | | | |
|--|---|----------------------|-----------------------|------------|-----------------------------|--|--|
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 325199 | Develop natural cosmetic line | | | | | | |
| 5. State of Formation | | | | | | | |
| RI | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 321 South Main Street, Suite 550 | | | Providence | RI | 02903 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Kimberley S. Anderson | | | Contact Title Manager | | | | |
| Street Address 321 South Main Street, Suite 550 | | | City Providence | State RI | ^{Zip} 02903 | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | |
| Manager Name Kimberley S. Anderson | | | Manager Name None | | | | |
| Street Address 321 South Main Street, Suite 550 | | | Street Address | | | | |
| City Providence | State RI | ^{Zip} 02903 | City | State | Zip | | |
| Manager Name None | | | Manager Name None | | | | |
| 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 | | |
| Kimberley S. Anderson, Member | | | 10-1 | 10-17-2017 | | | |
| Signature of Authorized Person. SIGN DOCUMENT HERE | | | | | | | |

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 02/ OCT 2 3 2017 1667