

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE

BUS SYCS DIV

2017 NOV 21 PM 2: 49

Annual Report for the year:

Limited Liability Company

→ 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				
19410	Healthy Edibles LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
5. State of Formation			d to the	•	
RI	Vending machines W healthy snacks				
6. Principal Office Address			City	State	Zip
10 Simuel Ave.			Pant.	R.I.	07800
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name USA BJAKE			Contact Title . BUSINES MUNU		
Street Address 10 Sumuel All			City Pant.	State L	2ip 0860
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	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	
Lisa Bl	ala			Nov. S	21,2017
Signature of Authorized Person					
Lesa Bloke					

MAIL TO:

Division of Business Services

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

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