



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Limited Liability Company
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2018

1. ID No. 001672073

2. Exact Name of the Limited Liability Company Pure Haven, LLC

3. State of Formation

State: UT

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

999999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

MANUFACTURES, PROMOTES, SELLS AND DISTRIBUTES VARIOUS SKIN AND HOME PRODUCTS THAT ARE FREE OF HARMFUL CHEMICALS

5. Principal Office Address

No. and Street: 1 CARDING LANE

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: A. CRAIG HALE Contact Title: HALE & WOOD, PLLC

No. and Street: 4766 SOUTH HOLLADAY BLVD.

City or Town: HOLLADAY

State: UT

Zip: 84117

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	BRUCE JENSEN	12668 WILDING WAY DRAPER, UT 84020 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

REGISTERED AGENTS INC. ONE RICHMOND SQUARE SUITE 125B PROVIDENCE , RI 02906

Signed this 17 Day of October, 2018 at 1:11:01 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By AMY NELSON
Signature of Authorized Person

Form No. 632
Revised 09/07

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