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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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4 Estin ID Number	la coma		1.37			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
1621009	Naturally Low LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
453991	Handmade Soaps, sou candles wats.					
5. State of Formation Roll Saft Saft						
Pate	Vint	110.00	James,	, noom Spi	Roys	
6. Principal Office Address		7	City 0	State	Zip	
40 Lynde Street			Pronden	ce At	02908	
7. Mailing Address of Limited Lia	bility Compa	ny and Name or Title	of Contact Person		- 	
Contract Name DI Muccio Danwich			Contact Title Ownow			
Street Address #0 /	ynde	Street	Rodon	e st	Zip 02908	
8. List ALL managers (names a	nd addresses) of the Limited Liab		ICABLE - 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	
Resident Agent in Rhode Isla	ınd. This inform	nation is currently of re	cord with the Department	of State. Changes require fili	ing Form 642.	
Under penalty of perjury, I de statements, and that all state	clare and aff. ments conta	irm that I have exa-	mined this report, incl	uding any accompanyi	ng schedules and	
Name of Authorized Person				Date		
Lovana Dillucio Agrafia					31/18	
Signature of Author on Person	18 10	1/1				
	SAX	198/				
	Ell ED C					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 3 1 2018 4.02

BY Ch Q8527