



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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.

FILED **STAMP**
 DEC 17 2018
 BY 29915
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1. Entity ID Number 799419		2. Exact name of the Limited Liability Company NEUROLINE SOLUTIONS, LLC					
3. NAICS Code 446199		4. Brief description of the character of business conducted in Rhode Island Sale of homeopathic remedies and natural supplements					
5. State of Formation RI							
6. Principal Office Address 1524 Atwood Avenue, Suite 244				City Johnston		State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Albert J. Marano				Contact Title			
Street Address 1524 Atwood Avenue, Suite 244				City Johnston		State RI	Zip 02919
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 <input type="checkbox"/>							
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 Albert J. Marano						Date 12/11/18	
Signature of Authorized Person 						SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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