



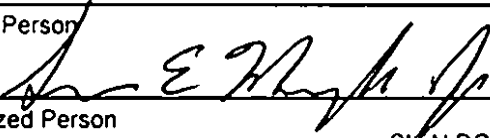
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV

2019 MAY 10 AM 10:11

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.

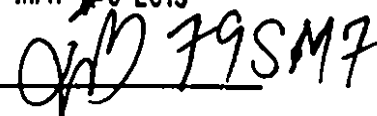
|   |            |  |   |
|---|------------|--|---|
| 1. Entity ID Number<br><b>001671919</b>   |            | 2. Exact name of the Limited Liability Company<br><b>HEALTHY SOL LLC</b>                                     |   |
| 3. NAICS Code<br><b>238900</b>  |            | 4. Brief description of the character of business conducted in Rhode Island<br><b>NO LONGER IN OPERATION</b> |   |
| 5. State of Formation<br><b>RI</b>  |            |  |   |
| 6. Principal Office Address<br><b>163 WEST ST</b>   |            | City<br><b>WEST WARWICK</b>  | State<br><b>RI</b><br>Zip<br><b>02893</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |            |  |   |
| Contact Name<br><b>SEAN MURPHY</b>  |            | Contact Title<br><b>MANAGING MEMBER</b>  |   |
| Street Address<br><b>163 WEST ST</b>  |            | City<br><b>WEST WARWICK</b>  | State<br><b>RI</b><br>Zip<br><b>02893</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |            |  |   |
| Manager Name<br>—   |            | Manager Name<br>—  |   |
| Street Address<br>—   |            | Street Address<br>—  |   |
| City<br>—   | State<br>— | Zip<br>—   | City<br>—<br>State<br>—<br>Zip<br>—       |
| Manager Name<br>—   |            | Manager Name<br>—  |   |
| Street Address<br>—   |            | Street Address<br>—  |   |
| City<br>—   | State<br>— | Zip<br>—   | City<br>—<br>State<br>—<br>Zip<br>—       |
| 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.   |            |  |   |
| <i>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.</i> |            |  |   |
| Name of Authorized Person<br><b>SEAN MURPHY</b>   |            | Date<br><b>4/16/2019</b>   |   |
| Signature of Authorized Person<br>   |            | 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](http://www.sos.ri.gov)

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BY   
FORM 632 - Revised: 10/2017 ...