Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040					
148 W. River Street Providence R1 02904-2615 (401) 222-3040 Similar Liability Company Panual Report Panual Report Report Annual Report Panual Report Yells Panual Report Yells Panual				Fee: \$50.00	
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(401) 222-3040 Imited Liability Company Annual Report "Imited Liability Company Period: September 1 - November 1 na coordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report with mitry (20) days after the time prescribed by law (R.I.G.L. 7- 10-66(b8.C)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 0016865564 2. Exact Name of the Limited Liability Company South County Nutrition and Wellness, LLC 3. State of Formation State: Rl Coll codes here, More information on NAICS can be found online. 621399 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island PRIVATE PRACTICE DIETITIAN PROVIDING NUTRITION COUNSELING 5. Principal Office Address No. and Street: 52 WHISPERING PINE TRAIL City or Town: WAKEFIELD State: Rl Zip: 02879 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Preson: Contact Title: No. and Street: 52 WHISPERING PINE TRAIL City or Town: WAKEFIELD State: Rl Zip: 02879 Country: US 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS Address, City or Town. State, Zip Code, Country					
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First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country					
	Title	Individual Name	Addres	S	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, State	, Zip Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER					
	8. RESIDENT AGENT IN F	HODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHERYL BROCK 52 WHISPERING PINE TRAIL WAKEFIELD , RI 02879

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of October, 2020 at 3:26:45 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 CHERYL BROCK

Signature of Authorized Person

Form No. 632 Revised 09/07

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