



State of Rhode Island

## Department of State - Business Services Division

FILED

DEC 02 2020

BY 2073

Annual Report for the year: 2020

## 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 000899616		2. Exact name of the Limited Liability Company SIMPLY NUTRITION, LLC			
3. NAICS Code 446199		4. Brief description of the character of business conducted in Rhode Island HERBALIFE NUTRITION CLUB			
5. State of Formation RI					
6. Principal Office Address 1500 ATWOOD AVENUE, UNIT #10		City JOHNSTON		State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOSEPH A. SILVA			Contact Title MEMBER		
Street Address 1500 ATWOOD AVENUE, UNIT #10			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 N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 ROSMARIE SILVA				Date 10/28/20	
Signature of Authorized Person 					

## MAIL TO:

Division of Business Services

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