RI SOS Filing Number: 202196477770 Date: 5/10/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAY 10 2021

BY

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	2. Exact name of the Limited Liability Company
001668089	Naturally Home and Family LLC
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
	online retail
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
7a Paine Rd	Foster	RI	02825

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Kailyn Shippee	Owner		
Street Address	**City**	**State**	**Zip**
7a Paine Rd	Foster	RI	02825

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Manager Name
Kailyn Shippee	
Street Address: 101 Danielson Pike	Street Address
City: Foster State: RI Zip: 02825	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

Check the box to indicate an attachment ☐

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	Date
Ian Shippee	5-4-21
Signature of Authorized Person	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov