	State of Rhode Office of the Secreta		Fee: \$50.00	
	Division Of Business 148 W. River S Providence RI 0290	treet		
HOPE	(401) 222-30			
Limited Liability Com Annual Report	ipany			
Filing Period: September 1	- November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-				
16-66(b&c)) is subject to a				
ANNUAL REPORT YEAR:	<u>2021</u>			
1. ID No. <u>001666677</u>				
2. Exact Name of the Limited Liability Company <u>CRUNCHI, LLC</u>				
3. State of Formation				
State: <u>FL</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>446120</u>				
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhod	e Island	
DIRECT SALES OF COSMETICS ONLINE AND BY INDEPENDENT CONSULTANTS.				
5. Principal Office Addre	SS			
	E INDIAN STREET, UNIT 112	States EL 7: 24007 Cours		
City or Town: <u>STUAR</u>		State: <u>FL</u> Zip: <u>34997</u> Coun	ury: <u>USA</u>	
-	mited Liability Company and Name	e or Title of Contact Person:		
Contact Name: Contact	Title: <u>E INDIAN STREET, UNIT 112</u>			
City or Town: STUAR		State: <u>FL</u> Zip: <u>34997</u> Cour	ntry: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Address]	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Cod	e, Country	
MANAGER	DANTE WESTON	1239 SE INDIAN STREET2, L STUART, FL 34997 USA	JNIT 112	

MELANIE PETSCHKE

1239 SE INDIAN STREET2, UNIT 112

MANAGER

MANAGER	

1239 SE INDIAN STREET2, UNIT 112 STUART, FL 34997 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 26 Day of August, 2021 at 2:11:35 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 KELLY WESTON

Signature of Authorized Person

Form No. 632 Revised 09/07

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