



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company**

**Annual Report**

*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 penalty fee of \$25.00.*

**ANNUAL REPORT YEAR: 2021**

**1. ID No. 001691359**

**2. Exact Name of the Limited Liability Company The New Spot LLC**

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

722513

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

THE NEW SPOT LLC IS A PROTEIN BAR WHERE PEOPLE CAN COME TOGETHER FOR A COMMON GOAL OF WELLNESS. THE IDEA BEHIND THE NEW SPOT IS TO BRING THE COMMUNITY SOMETHING THAT IS GOING TO IMPROVE THEIR HEALTH. WE SERVE PROTEIN SHAKES AND SNACKS AS WELL AS PROVIDE WEIGHT MANAGEMENT PLANS. THE NEW SPOT IS A BAR SET UP WHERE PEOPLE CAN SIT AND ENJOY EACH OTHERS COMPANY.

**5. Principal Office Address**

No. and Street: 31 BELLEVUE AVE.  
City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: TAYLA MENARD Contact Title: OWNER  
No. and Street: 3460 MENDON ROAD  
City or Town: CUMBERLAND State: RI Zip: 02864 Country: US

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	TAYLA MENARD	31 BELLEVUE AVE NORTH SMITHFIELD, RI 02896 USA

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

TAYLA MENARD 31 BELLEVUE AVE. NORTH SMITHFIELD , RI 02896

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

**Signed this 7 Day of October, 2021 at 11:18:44 AM 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 TAYLA MENARD  
 Signature of Authorized Person

Form No. 632  
 Revised 09/07

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