State of Rhode Island

**Department of State - Business Services Division**

**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.

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| 1 Entity ID Number | 2. Exact name of the Limited Liability Company |
|---|---|
| **001658353** | **Honest Nutrition LLC** |
| 3. NAICS Code: 631399 | 4. Brief description of the character of business conducted in Rhode Island: Provide medical nutrition therapy and nutrition counseling to clients for health care. |
| 5. State of Formation: Rhode Island | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 383 West Fountain Street, #115 | Providence | RI | 02903 |

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

| Contact Name | Contact Title | | |
|---|---|---|---|
| Lindsay Baker | Registered Dietitian, owner | | |
| **Street Address** | **City** | **State** | **Zip** |
| 8 Carltons Trail | Smithfield | RI | 02917 |

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

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Lindsay Baker | 8 Carltons Trail | Smithfield | RI | 02917 |
| Manager Name | Street Address | City | State | Zip |
| | | | | |
| Manager Name | Street Address | City | State | Zip |
| | | | | |

Check the box to indicate an attachment ☐

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 | Date |
|---|---|
| Lindsay Baker | 10/29/2021 |

Signature of Authorized Person

*Lindsay Baker, MS, RD, LDN*

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

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