



State of Rhode Island
Department of State - Business Services Division

FILED

NOV 10 2021

BY *[Signature]*

Annual Report for the year: 2021
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 001705661		2. Exact name of the Limited Liability Company TEAM XND, LLC.					
3. NAICS Code 446191		4. Brief description of the character of business conducted in Rhode Island ONLINE SALE OF NUTRITIONAL SUPPLEMENTS.					
5. State of Formation RI							
6. Principal Office Address 56 CHURCH AVENUE				City WARWICK		State RI	Zip 02889
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name ALYSHA FREEMAN				Contact Title MEMBER			
Street Address 56 CHURCH AVENUE				City WARWICK		State RI	Zip 02889
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name NONE				Manager Name NONE			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Manager Name NONE				Manager Name NONE			
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.							
<i>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.</i>							
Name of Authorized Person ALYSHA FREEMAN <i>[Signature]</i>						Date 09/23/2021	
Signature of Authorized Person <i>Alysha Freeman</i>							

MAIL TO:
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