	State of Rhode Office of the Secret		Fee: \$50.00
	Division Of Busine 148 W. River Providence RI 029	Street	
HOPE	(401) 222-3		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability cor in thirty (30) days after the time pres penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2021</u>		
1. ID No. <u>001712602</u>	2		
2. Exact Name of the Li	mited Liability Company <u>The Hy</u>	pe Nutrition LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
<u>T22515</u>	e information on <u>NAICS</u> can be foun	d online.	
4. Brief Description of th	e Character of the Business Whic	h is Actually Conduc	ted in Rhode Island
WE SERVE MEAL REP	PLACEMENT SHAKES AND E	VERGY TEAS.	
5. Principal Office Addre	SS		
	<u>68 EVANS RD</u> <u>THEPACHET</u> State: <u>R</u>	Zip: <u>02814</u>	Country: <u>US</u>
6. Mailing Address of Li	mited Liability Company and Nan	e or Title of Contact	Person:
	A NICHOLAS Contact Title: <u>OWN</u> 38 EVANS RD	ER	
	<u>HEPACHET</u> State: <u>R</u>	Zip: <u>02814</u>	Country: <u>US</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Lia RS	bility Company, if Ap	plicable.
Title	Individual Name		dress
	First, Middle, Last, Suffix	Address, City or Town	, State, Zip Code, Country
MANAGER	DEIRDRA NICHOLAS		B EVANS RD , RI 02814 USA
MANAGER	MELISSA WORTHY	26 EI	DGEWOOD RD

		CHEPACHET, RI 02814 US		
MANAGER	WILLIAM WORTHY	26 EDGEWOOD RD CHEPACHET , RI 02814 US		
MANAGER	MICHAEL S NICHOLAS	368 EVANS RD CHEPACHET, RI 02814 US		
MANAGER	DEIRDRA NICHOLAS	368 EVANS RD CHEPACHET, RI 02814 UNI		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
DEIRDRA NICHOLAS 368 EVANS RD CHEPACHET, RI 02814				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				
Signed this 5 Day of December, 2021 at 11:47:50 AM by the authorized person. <i>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.</i>				
By <u>DEIRDRA NICHOLAS</u> Signature of Authorized Person				
Form No. 632 Revised 09/07				
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