



**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: February 1 - May 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: 2022

1. ID No. 001673137

2. Exact Name of the Limited Liability Company ROOT 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.

621610

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

IN THE INTEREST OF THE HEALTH OF MOTHER AND CHILD, AND FOR THE
PROMOTION AND
SUPPORT OF BREASTFEEDING THROUGH LACTATION EXPERTISE, I OFFER
LACTATION CONSULTING
TO PATIENTS IN THEIR HOMES OR IN MY OFFICE. I AM AN INTERNATIONAL BOARD
CERTIFIED
LACTATION CONSULTANT AND REGISTERED NURSE. MY ASSESSMENTS AND
RECOMMENDATIONS
ARE SHARED WITH PATIENT, MOTHERS OBSTETRICIAN AND INFANTS PEDIATRICIAN,
FOR TOTAL
SUPPORT.

5. Principal Office Address

No. and Street: 2 HILLSDALE ROAD

City or Town: WEST KINGSTON

State: RI

Zip: 02892

Country: USA

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

Contact Name: Contact Title:

No. and Street: 2 HILLSDALE ROAD
City or Town: WEST KINGSTON State: RI Zip: 02892 Country: USA

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

AIMEE QUIGLEY 2 HILLSIDE ROAD WEST KINGSTON , RI 02892

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

Signed this 22 Day of March, 2022 at 2:10:20 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 AIMEE QUIGLEY
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2022 State of Rhode Island
All Rights Reserved