	State of Rho Office of the Sec		ate	Fee: \$50.00
	Division Of Bus	iness Services		
148 W. River Street				
	Providence RI			
7636	(401) 22	2-3040		
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: 2023				
1. ID No. <u>001734520</u>				
2. Exact Name of the Limited Liability Company <u>Replenish RI LLC</u>				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>452990</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
RETAIL STORE THAT HAS NOT OPENED YET, TO SELL GOODS SUCH AS				
HOUSEHOLD AND PERSONAL CARE PRODUCTS.				
5. Principal Offic				
No. and Street:	<u>18 EVERGREEN STREET</u> APT <u>3</u>			
City or Town:	PROVIDENCE	State: <u>RI</u>	Zip: <u>02906</u>	Country: <u>US</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name:	SARAH LILI Contact Title: OWNER			
No. and Street:	18 EVERGREEN STREET			
City or Town:	<u>APT 3</u> <u>PROVIDENCE</u>	State: <u>RI</u>	Zip: <u>02906</u>	Country: <u>US</u>
1				

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

SARAH LILLI <u>18 EVERGREEN STREET</u> <u>APT 3</u> <u>PROVIDENCE</u>, <u>RI 02906</u>

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

Signed this 19 Day of April, 2023 at 2:55:29 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 <u>SARAH LILLI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved