

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: 2023

1. **ID No.** <u>000745095</u>

- 2. Exact Name of the Limited Liability Company <u>ADVANTAGE CONSUMER HEALTHCARE</u> LLC
- 3. State of Formation

State: DE

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.

425120

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

BROKER SALES AND MARKETING OF CONSUMER HEALTHCARE PRODUCTS

5. Principal Office Address

No. and Street: <u>15310 BARRANCA PARKWAY</u>

SUITE 100

City or Town: IRVINE State: CA Zip: 92618 Country: USA

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

Contact Name: Contact Title:

No. and Street: 15310 BARRANCA PARKWAY

SUITE 100

City or Town: IRVINE State: CA Zip: 92618 Country: USA

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

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 4:59:27 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 **BRYCE ROBINSON**

Signature of Authorized Person

Form No. 632 Revised 09/07

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