

## State of Rhode Island Department of State - Business Services Division

FILED

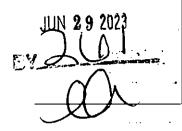
| Annual  | Report for  | r the year: |
|---------|-------------|-------------|
| Limited | Liability ( | Company     |

2023

t → Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



| 1. Entity ID Number                   | 2. Exact name of the Limit  | 2. Exact name of the Limited Liability Company   |                       |                      |  |  |
|---------------------------------------|---|--|-----------------------|----------------------|--|--|
| 001721443                             | Fresh Start Nutr  | Fresh Start Nutrition, LLC   |                       |                      |  |  |
| 3. NAICS Code<br>722515               | We are an Herbalif  | Brief description of the character of business conducted in Rhode Island     We are an Herbalife nutrition club that serves meal replacement shakes, |                       |                      |  |  |
| 5. State of Formation<br>Rhode Island | teas, and various n   | teas, and various nutritional snacks.  |                       |                      |  |  |
| 6. Principal Office Address           |   | City   | State                 | Zip                  |  |  |
| 955 Namquid Dr.                       |   | Warwick  | RI                    | 02888                |  |  |
| 7. Mailing Address of Limite          | d Liability Company and Name                                      | or Title of Contact Person   |                       | <u> </u>             |  |  |
| Contact Name<br>Kurt Rix              |   | Contact Title Principal  |                       |                      |  |  |
| Street Address 30 N Pearson Dr,       |   | Crty Warwick   | State RI              | <sup>Zip</sup> 02888 |  |  |
| 8. The Resident Agent infor           | mation currently of record with t                                 | he RI Department of State is acci  | urate. Changes requir | e filing Form 642.   |  |  |
|                                       | y, I declare and affirm that I ha<br>atements contained herein ar | ave examined this report, incluing true and correct.   | ding any accompany    | ying schedules and   |  |  |
| Name of Authorized Person             |   |  | Date                  | Date                 |  |  |
| urt A. Rix                            |   |  | 6/27/23               |                      |  |  |
| Signature of Authorized Per           | son   |  | •                     |                      |  |  |

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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