RI SOS Filing Number: 202446817190 Date: 2/19/2024 6:17:00 PM



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 - ENTER THE CURRENT YEAR **2024**: 2024

1. ID No. 001756499

- 2. Exact Name of the Limited Liability Company Pura Vida, LLC
- 3. State of Formation

State: RI

NAICS CODE

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.

722310

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

MANUFACTURE AND DISTRIBUTION OF ELDERBERRY SYRUP INCLUDING BUT NOT LIMITED TO RESEARCH, MARKETING AND OTHER RELATED SERVICES, TO PROMOTE AND ADVERTISE THE SAME, TO RENT, LEASE, HOLD, PURCHASE, MORTGAGE AND MANAGE BOTH REAL AND PERSONAL PROPERTY USED IN CONNECTION THEREWITH, AND TO DO ANY AND ALL THINGS AND EXERCISE ALL POWERS, RIGHTS AND PRIVILEGES WHICH A LIMITED LIABILITY CORPORATION MAY NOW OR HEREAFTER BE ORGANIZED TO DO UNDER THE LAWS FOR THE STATE OF RHODE ISLAND, AND FOR ANY OTHER LAWFUL PURPOSES.

5. Principal Office Address

No. and Street: 7 EAST LAKE VIEW DRIVE

City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: USA

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

Contact Name: BROOKE BORGES Contact Title: PRINCIPAL MEMBER

No. and Street: 7 EAST LAKE VIEW DRIVE

City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: USA

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

MARKB. MORSE 420 ANGELL STREET SUITE 2 PROVIDENCE, RI 02906

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 February, 2024 at 6:18:49 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 MARK B. MORSE

Signature of Authorized Person

Form No. 632 Revised 09/07

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