



**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 [here](#). More information on [NAICS](#) 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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