



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

Annual Report for the year: 2024
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RID05 BSO
24 MAR 28 PM 2:39:29

1. Entity ID Number 001690030		2. Exact name of the Limited Liability Company Nutrition Thyme, LLC		
3. NAICS Code 621399		4. Brief description of the character of business conducted in Rhode Island Nutrition counseling by a registered and licensed dietitian		
5. State of Formation RI				
6. Principal Office Address 291 Waterman St		City Providence	State RI	Zip 02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Nicole Arruda		Contact Title Owner / Registered Dietitian		
Street Address 17 Ellis Ave		City Warren	State RI	Zip 02885
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Name of Authorized Person Nicole Arruda			Date 3/25/24	
Signature of Authorized Person <i>Nicole Arruda</i>				

FILED

MAR 28 2024

BY *DWYIA*

A.A. 2:39 pm.

MAIL TO:

Division of Business Services
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