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State of Rhode Isla Department of S	nd State - Business Services	s Division		
) fee if form is not filed by May 3		24 MR 28 F 2:38:	5 7
1. Entity ID Number	2. Exact name of the Limited Lia	55		
001690030	Nutrition Thyme, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation	Nutrition counseling by a registered and licensed diethan.			
6. Principal Office Address		City	State	Zip
291 Waterman	1 St	Providence	RI	02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Nicole Arruda		Owner Registered Diethan		
Street Address 17 EIIIS AVE		Warren	State R1	^{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.				
			Date	
Nicole Amuda			3/25/24	
Signature of Authorized Person Micole Urrida				

FILED

MAR 28 2024 BY DCWYA AA. Q'.36PM.

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov