



State of Rhode Island  
Department of State - Business Services Division

**FILED**

APR 10 2024

BY

Annual Report for the year: 2023

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.

1. Entity ID Number <u>001727711</u>		2. Exact name of the Limited Liability Company <u>LACTRA VIDA, LLC</u>	
3. NAICS Code <u>713920</u>		4. Brief description of the character of business conducted in Rhode Island <u>BOATING</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>353 ALTESSA BLVD</u>		City <u>MELVILLE</u>	State <u>NY</u>
		Zip <u>11747</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>DAVID SIMON</u>		Contact Title <u>PRES</u>	
Street Address <u>353 ALTESSA BLVD</u>		City <u>MELVILLE</u>	State <u>NY</u>
		Zip <u>11747</u>	
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 <u>DAVID SIMON</u>		Date <u>4/3/2024</u>	
Signature of Authorized Person <u>[Signature]</u>			

**MAIL TO:**

Division of Business Services

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