



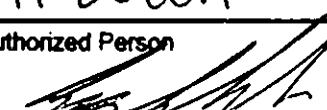
State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
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Annual Report for the year:  
Limited Liability Company

2024

- 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<br><u>1735138</u>   |  | 2. Exact name of the Limited Liability Company<br><u>Coventry Nutrition LLC</u>  |                    |
| 3. NAICS Code<br><u>722513</u>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Herbalife Nutrition club</u><br><u>Making shakes and Teas with Herbalife</u> |                    |
| 5. State of Formation<br><u>Rhode Island</u>  |  |  |                    |
| 6. Principal Office Address<br><u>47 Sandy Bottom Road</u>  |  | City<br><u>Coventry</u>  | State<br><u>RI</u> |
|   |  | Zip<br><u>02816</u>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                    |
| Contact Name<br><u>April Leech</u>  |  | Contact Title<br><u>Co-Owner</u>   |                    |
| Street Address<br><u>47 Sandy Bottom Rd</u>   |  | City<br><u>Coventry</u>  | State<br><u>RI</u> |
|   |  | Zip<br><u>02816</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<br><u>April Leech</u>   |  | Date<br><u>03-27-2024</u>  |                    |
| Signature of Authorized Person<br>   |  |  |                    |

FILED

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BY 6WCWX  
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MAIL TO:

Division of Business Services  
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