		of Rhode Isla		Fee: \$50.00
Office of the Secretary of State Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615 (401) 222-3040				
Limited Liability Company				
Annual Report	/ 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 2025: 2025				
1. ID No. <u>001695978</u>				
2. Exact Name of the Limited Liability Company $\underline{\mathrm{NCD}\ \mathrm{LLC}}$				
3. State of Formation				
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>722310</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
SERVES MEAL REPLACEMENT SMOOTHIES, ENERGY TEAS AND PROTEIN COFFEES.				
5. Principal Office A	ddress			
No. and Street:	1099 SISSON ROAD			
City or Town:	COVENTRY	State: <u>RI</u>	Zip: <u>02827</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
	NA LOMBARDI Contact Tit	le: <u>OWNER</u>		
	<u>099 SISSON ROAD</u> GREENE	State: <u>RI</u>	Zip: <u>02827</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
RYAN BARTLETT 1099 SISSON ROAD COVENTRY , RI 02827				

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 13 Day of March, 2025 at 11:33:12 AM 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 JOHNA LOMBARDI

Signature of Authorized Person

Form No. 632 Revised 09/07

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