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

2025

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Annual Report for the year: 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 001739251	2. Exact name of the Limited Liability Company Naked Fig, LLC			
3. NAICS Code 424490	Brief description of the character of business conducted in Rhode Island     ARTISANAL MEDITERRANEAN FOOD MANUFACTURER			
5. State of Formation RI				
6. Principal Office Address 691 MAIN STREET		City WARREN	State RI	Zip 02885-4318
7. Mailing Address of Limited	d Liability Company and Name o	r Title of Contact Person		
Contact Name AVA R. LAMBERT		Contact Title MEMBER		
Street Address 691 MAIN STREET		City WARREN	State RI	<sup>Zip</sup> 02885-431
8. The Resident Agent inforr	nation currently of record with th	e RI Department of State is accu	rate. Changes require	e filing Form 642.
	r, I declare and affirm that I ha atements contained herein are	ve examined this report, include true and correct.	ling any accompany	ring schedules and
Name of Authorized Person			Date	
Karen Augeri Benson			04/30/2025	
Signature of Authorized Pers Karen Aug	eri Benson			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED MAY 0 6 2025 )

