RI SOS Filing Number: 202572668390 Date: 5/6/2025 11:03:00 AM



## State of Rhode Island

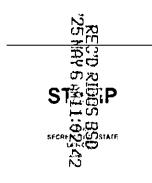
## **Department of State - Business Services Division**

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 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 Limite	d Liability Company and Name or	Title of Contact Person	<u> </u>	<u> </u>
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 inform	nation currently of record with the	RI Department of State is accu	ırate. Changes requir	e filing Form 642.
	r, I declare and affirm that I have atements contained herein are		ling any accompany	ving schedules and
Name of Authorized Person			Date	
Karen Augeri Benson			04/30/2025	
Signature of Authorized Pers Karen Aug	son 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

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BY WNVGF