

State of Rhode Island

Department of State - Business Services Division

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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Entity ID Number	2. Exact name of the Limited Lia	bility Company				
180737100	Indigenal Ingredient LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhade Island					
5. State of Formation	Body Care Products					
RI	Sheabutk					
6. Principal Office Address	_	City	State	Zip		
Mr. Cliff	Phone	Providence	RI	52907		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	١	Contact Title				
Shrana George		avner				
Street Address		eity	State	Zip		
171 w. Cii	rlord)t	Traidence	R	10PC0		
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			Date			
SWRAWA CLOKUS		2 Smay 25				
Signature of Authorized Person						
- Criso						

FILED

MAY 2 1 2025 BY ARPYA

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov