RI SOS Filing Number: 201987901290 Date: 2/28/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECRETARY OF STATE CORPORATIONS DIV

2019 FEB 28 PM 3: 33

Annual Report for the year: 2018 **Limited Liability Company**

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
794710	Healthy Edibles 110					
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island				
311919						
5. State of Formation						
RI	Vena	ling mac	hires Whealt	he snacks		
6. Principal Office Address			City	State	Zip	
70 Samuel Ave.			Pawt.	RI.	0260	
7. Mailing Address of Limited L	iability Compa	ny and Name or	Title of Contact Person			
Contact Name Lisa Blake			Contact Title BUSINGSS OF	Contact Title Business Owner		
Street Address 70 Samuel Ave.			City Pawt.	State 2. I	Zip 02860	
8. List ALL managers (names	and addresses	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I o statements, and that all stat			examined this report, includi true and correct.	ng any accompanyir	ng schedules and	
Name of Authorized Person				Date	Date	
lisa Blake				Feb. 28.2019		
Signature of Authorized Person						
Lisa Kloke						

MAIL TO:

Division of Business Services

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

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

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