S			
	State of Rhode Island and Pr Office of the Secret		Fee: \$50.00
	Division Of Busines 148 W. River S	Street	
HOPE	Providence RI 029 (401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability con in thirty (30) days after the time pres penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>00013395</u>	<u>8</u>		
2. Exact Name of the Li	mited Liability Company PURIN	A MILLS, LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
-	Code that best describes the primary re information on NAICS can be found	· · · · · · · · · · · · · · · · · · ·	tity. Download
<u>311119</u>			
4. Brief Description of th	e Character of the Business Whic	ch is Actually Conducted in R	hode Island
PRODUCER OF ANIM	IAL FEED PRODUCTS		
5. Principal Office Addre	SS		
	EXINGTON AVENUE NORTH NHILLS	State: <u>MN</u> Zip: <u>55126</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Nam	ne or Title of Contact Person	
	<u>BOX 64101</u>	Zip: <u>55164-0101</u> Cou	otov LICA
City or Town: SAIN			ntry: <u>USA</u>
	F Each Manager of the Limited Lia	bility Company, if Applicable	
7. Name and Address of	F Each Manager of the Limited Lia	Address, City or Town, State, Zit	e.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 21 Day of August, 2019 at 1:28:03 PM 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 <u>KATHERINE LICHTY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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