



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>246667</u>		2. Exact name of the limited liability company <u>The Granny Squibb Company, LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Development of non-alcoholic beverages and any other business that maybe lawfully conducted in the state of R.I.</u>	
5. Principal office address <u>259 Benefit Street</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Sally R. Squibb "Robin"</u>		Contact Title <u>Founder</u>	
Street Address <u>259 Benefit Street</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <u>Sally Robinson Squibb "Robin"</u>		Manager Name	
Street Address <u>259 Benefit Street</u>		Street Address	
City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>	City	State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State Zip	City	State Zip
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

File Date _____

Check No _____

By: _____ BY 2216

FOR SECRETARY OF STATE USE ONLY

FILED

SEP 11 2013

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.

Sally Robinson Squibb 8/9/2013
Signature of Authorized Person Date

Sally Robinson Squibb
Print or Type Name of Authorized Person