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 2014

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.	2. Exact name of the limited liability company		
789900	Great Gaines,LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	Great Gaines, shall conduct business in food production, specifically the manufacture and sale of frozen smoothie pops and frozen cannolis, engage in business practices.		
5. Principal office address: 115 Warner Brook Drive	City: Warwick	State: RI	Zip: 02889
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name: Judy Venter-Gaines	Contact Title: Proprietor		
Street Address: 115 Warner Brook Dr.	City: Warwick	State: RI	Zip: 02889

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST SIGNERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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.

2014 MAY 19 PM 12:51
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CORPORATIONS DIV

FILED
MAY 19 2014
BY
File Date
Check No C-4647278
By:
FOR SECRETARY OF STATE USE ONLY

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.

Judy Venter Davis 5/30/13
Signature of Authorized Person Date

Judy M Venter-Gaines
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
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