



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. 789900		2. Exact name of the limited liability company Great Gaines, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in 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 MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 042.			

2014 MAY 19 PM 12:51
OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIV

FILED

MAY 19 2014

BY JMD

C-4647278

File Date

Check No

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-Gaines
Signature of Authorized Person

8/30/14
Date

Judy M Venter-Gaines

Print or Type Name of Authorized Person