

**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040[| LOGOUT |](#)**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1



Help with this form

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 20151. ID No. 0005067112. Exact Name of the Limited Liability Company ACAIBERRI, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

FRUIT JUICE

**FILED**

SEP 14 2015

BY 447

5. Principal Office Address

No. and Street: 50 KING STREETCity or Town: JOHNSTONState: RIZip: 02919Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

No. and Street: 50 KING STREETCity or Town: JOHNSTONState: RIZip: 02919Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Delete	Name	Address
<input type="checkbox"/>	ANGELO AIELLO	Address, City or Town, State, Zip Code, Country 50 KING STREET JOHNSTON, RI 02919 USA

  

First Name:	<input type="text"/>	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
						Country:	<input type="text"/>
						<input type="button" value="Clear"/>	<input type="button" value="Add"/>

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ANGELO AIELLO 50 KING STREET JOHNSTON , RI 02919

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

(Enter a contact name, mailing address and email.)

Contact Name:	<input type="text"/>
Business Name:	<input type="text"/>
No. and Street:	<input type="text"/> - Same Address as - <i>above</i>
City or Town:	<input type="text"/>
Contact Phone:	<input type="text"/> ext: <input type="text"/>
Contact Email:	<input type="text"/>
<input type="button" value="Clear"/>	

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 10 Day of September, 2015 at 7:59:19 AM 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 *Angelo Aiello*  
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this