

## 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 2015

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.

d Catibut D No	In Event no	O Event name of the limited lightifity company					
1. Entity ID No. 161868	2. Exact ha	2. Exact name of the limited liability company  Rem Dogs, LLC					
101000	Rem Do						
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Distributor of certain cured meats and/or sausages						
5. Principal office address 168 Franklin Street			City <b>Warren</b>	State RI	Zip <b>02885</b>		
6. MAILING ADDRESS OF	LIMITEOLIABILE	TY COMPANY AND	NAME OF TITLE OF CONTACT	PERSON:	The separate of the second		
Contact Name Brian Remy			Contact Title Owner/Member	State   Zip   <b>02885</b>			
Street Address 168 Franklin Street			City <b>Warren</b>	State Zip <b>02885</b>			
7. LIST <u>all</u> Managers ("X" box for attach		ORESSES) OF THE	LIMITED LIABILITY COMPANY	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	HODE ISLAND	e we come	e de la companya de		A section of the section of the section of		
This information is curren	tly of record in th	e Office of the Seci	retary of State. Changes requir	e filing Form 642.			
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Form No. 632 Revised: 01/2012 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 berein are true and correct.

Signature of Authorized Person

**Brian Remy** 

Print or Type Name of Authorized Person