	Office of the Secre	ovidence Plantations	Fee: \$50.
HOPE	Division Of Busine 148 W. River Providence RI 02 (401) 222-3	ss Services Street 904-2615	
_imited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
n accordance with R.I.G.L.	7-16-66(d), each limited liability co in thirty (30) days after the time pre		
ANNUAL REPORT YEAR:	<u>2015</u>		
1. ID No. <u>000799620</u>	<u>)</u>		
2. Exact Name of the Lir	mited Liability Company Down	east Cider House, LLC	
3. State of Formation			
State: <u>ME</u>			
Winery specializing in the	e Character of the Business White production of hard cider.		
5. Principal Office Addres	SS		
No. and Street: <u>200 T</u> City or Town: <u>BOST</u>	<u>TERMINAL STREET</u> TON Sta	te: <u>MA</u> Zip: <u>02129</u> Cou	ıntry: <u>USA</u>
City or Town: BOS	TON Sta mited Liability Company and Nat Title: ERMINAL STREET	ne or Title of Contact Person:	
City or Town: BOS ² 6. Mailing Address of Lin Contact Name: Contact ⁻ No. and Street: 200 T City or Town: BOS ²	TON State mited Liability Company and Nat Title: ERMINAL STREET ON State Each Manager of the Limited Li	ne or Title of Contact Person: te: <u>MA</u> Zip: <u>02129</u> Cou	untry: <u>USA</u>
City or Town: BOS ² 6. Mailing Address of Lin Contact Name: Contact ⁻ No. and Street: 200 T City or Town: BOST 7. Name and Address of	TON State mited Liability Company and Nate Title: ERMINAL STREET ON State Each Manager of the Limited Liability RS Individual Name	te: <u>MA</u> Zip: <u>02129</u> Cou ability Company, if Applicable Address	untry: <u>USA</u>
City or Town: <u>BOS</u> 6. Mailing Address of Lin Contact Name: Contact ⁻ No. and Street: <u>200 T</u> City or Town: <u>BOST</u> 7. Name and Address of DO NOT LIST MEMBER	TON Standard mited Liability Company and Narret Title: ERMINAL STREET Standard TON Standard Each Manager of the Limited Links Standard	te: <u>MA</u> Zip: <u>02129</u> Cou ability Company, if Applicable Address, City or Town, State, Zip 200 TERMINAL ST	Untry: <u>USA</u>
City or Town: <u>BOS</u> 6. Mailing Address of Lin Contact Name: Contact No. and Street: <u>200 T</u> City or Town: <u>BOST</u> 7. Name and Address of DO NOT LIST MEMBER Title	TON Sta mited Liability Company and Nar Title: ERMINAL STREET TON Sta Each Manager of the Limited Liability Company RS Individual Name First, Middle, Last, Suffix	te: <u>MA</u> Zip: <u>02129</u> Cou ability Company, if Applicable Address Address, City or Town, State, Zip	Untry: USA Code, Country TREET JSA ST.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NORTHWEST REGISTERED AGENT, LLC ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE , RI 02906

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

Signed this 19 Day of October, 2015 at 10:47:40 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 <u>TYLER MOSHER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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