

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secre ary of State - Division of Business Services

148 W. River Street, Provid nce, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2015

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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 na	t name of the limited liability company						
000074000	Rocket	LLC						
000874083								
State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island						
RI	Prepare	Prepared Food Business						
24 Huntington Drive			City <b>Rumford</b>	State <b>RI</b>	02916			
6. MAILING ADDRESS O	F LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:				
Contact Name Patricia Meneguzzo  Street Address 24 Huntington Drive			Contact Title Owner					
			City Rumford	State RI	<sup>Zin</sup> <b>02916</b>			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT)	PRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS			
Manager Name			Manager Name					
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name	<u> </u>		Manager Name	<u> </u>				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN I	RHODE ISLAND		<u></u>	<u> </u>				
			retary of State. Changes require		<del></del>			

## FILED

OCT 1 6 2015

File Date	BY1751	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.					
Check No	_	Fehr	10	13	15		
Bv:		Signature of Authorized Person		Da	te		
FOR SECRETARY OF STATE USE OF		Patricia Meneguzzo  Print or Type Name of Authorized Person					
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