



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.

1. Entity ID No. 143208		2. Exact name of the limited liability company Bev Tech, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Beverage Machine Installation and Repair.	
5. Principal office address 19 Lippitt Avenue		City Warwick	State RI
		Zip 02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Cordell W. Cudworth, II		Contact Title Member	
Street Address 19 Lippitt Avenue		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 Cordell W. Cudworth, II		Manager Name	
Street Address 19 Lippitt Avenue		Street Address	
City Warwick	State RI	Zip 02889	City Warwick
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND			
This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

OCT 19 2015

By 258746

A. A.

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.

Signature of Authorized Person

Date

Cordell W. Cudworth, II, Member

Print or Type Name of Authorized Person