

## 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 2014

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 nam	e of the limited liabi	lity company			
000575209		<b>-</b>				
3. State of Formation			ter of business conducted in Rhode	e Island		
RHODE ISLAND	RETAIL S	ALE OF COFF	EE			
5. Principal office address 127 HIGH STREET			City WESTERLY	State <b>RI</b>	Zip <b>02891</b>	
6. MAILING ADDRESS OF LI	MITED LIABILITY	COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
ontact Name DAVID LIGUORI			Contact Title MEMBER			
reet Address HAMILTON ROAD			City WESTERLY	State RI	Zip <b>02891</b>	
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME	AMES AND ADDI	RESSES) OF THE L	IMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
B. RESIDENT AGENT IN RHO						
This information is currently	of record in the	Office of the Secre	etary of State. Changes require f	iling Form 642.	至 医节围	
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File Date		·	Under penalty of perjuents this report, including a	ary, I declare and affi any accompanying s	irm that I have examined schedules and statements	
Check No			V 1	and that all statements contained herein are true and correct. 01/19/2016		
Ву:			Signature of Authorized	Person	Date	
DAVID LIGHORI						
FUH SECRETARY OF STAT	Print or Type Name of Authorized Person					

Form No. 632 Revised: 01/2012