

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. | 2. Exact name of | the limited liability com | mpany | | | | |
|---|--|---------------------------|----------------|------------------------|---------------------|-----------------|--|
| 191293 | WALRUS AND LARPENTER OYSTERS, LLC | | | | | | |
| 3. State of Formation | Brief description of the character of business conducted in Rhode Island | | | | | | |
| RI | DYSIE | 2 FARM | 200 | のられるはあして | 101 | | |
| 5. Principal office address | | | City | | State_ | Zip | |
| 73 HARRISON | - LUSEE | MPANY AND NAME (| P120, | MENLE | RI | Zip 07.909 | |
| 6. MAILING ADDRESS OF LIMI | TED LIABILITY CO | MPANY AND NAME (| OR TITLE O | F CONTACT PERSON | 1 | | |
| Contact Name | | | Contact Tit | | | | |
| JULIES OPTONHIMMEL | | | 00 NEIL | | | | |
| Street Address | | | City | | State | Zip | |
| 73 HARRISOF | STREE | _ \ | PRU | ・ルルとした | 121 | 02309 | |
| 7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMEN" | | SES) OF THE LIMITED | LIABILITY | COMPANY, IF APPLI | CABLE - DO N | ot list members | |
| Manager Name | | | Manager N | Manager Name | | | |
| JOLES OPTON-HIMMEL | | | | | | | |
| l Street Address | | | | Street Address | | | |
| 73 HARRISON | (the E | T | | | | | |
| 73 HARRISON City PROVIDENCE | State | Zip () 3 () | City | | State | Zip | |
| | 100 | 07,707 | ļ | | | | |
| Manager Name | | | Manager N | lame | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| 8. RESIDENT AGENT IN RHODI | EISLAND | <u> </u> | <u> </u> | | · | | |
| This information is currently of | record in the Offi | ce of the Secretary of | State. Cha | nges require filing Fo | orm 642. | | |
| | | | | _ | | | |

FILED MAR 1 7 2016

BY 1637

| File Date | 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 | | 3/14 | 16 | | | |
| Ву: | Signature of Authorized Person | Date | • | | | |
| FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Authorized Person | HIMME | <u> </u> | | | |

Form No. 632 Revised: 01/2012