

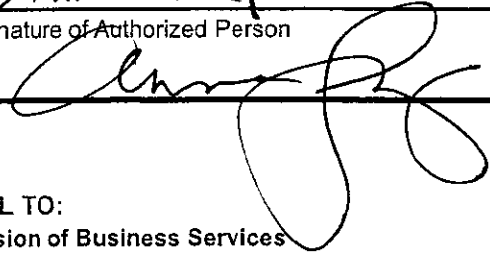


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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Annual Report for the year: 2014  
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |  |                                      |                       |  |
|---|-------|--|--------------------------------------|-----------------------|--|
| 1. Entity ID Number<br><u>000646196</u>   |       | 2. Exact name of the Limited Liability Company<br><u>Fertile Underground LLC</u>   |                                      |                       |  |
| 3. NAICS Code<br><u>44-45</u>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>a small local natural grocery &amp; cafe</u> |                                      |                       |  |
| 5. State of Formation<br><u>RI</u>  |       |  |                                      |                       |  |
| 6. Principal Office Address<br><u>1577 Westminister St</u>  |       | City<br><u>Providence</u>  |                                      | State<br><u>RI</u>    | Zip<br><u>02909</u>                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                                      |                       |  |
| Contact Name<br><u>Adam Graffunder</u>  |       |  | Contact Title<br><u>member owner</u> |                       |  |
| Street Address<br><u>1577 Westminister St</u>   |       |  | City<br><u>Providence</u>            |                       | State<br><u>RI</u> Zip<br><u>02909</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                                      |                       |  |
| Manager Name  |       |  | Manager Name                         |                       |  |
| Street Address  |       |  | Street Address                       |                       |  |
| City  | State | Zip  | City                                 | State                 | Zip                                    |
| Manager Name  |       |  | Manager Name                         |                       |  |
| Street Address  |       |  | Street Address                       |                       |  |
| City  | State | Zip  | City                                 | State                 | Zip                                    |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                                      |                       |  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |                                      |                       |  |
| <b>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.</b> |       |  |                                      |                       |  |
| Name of Authorized Person<br><u>Anna Shapiro</u>  |       |  |                                      | Date<br><u>9/1/16</u> |  |
| Signature of Authorized Person<br>   |       |  |                                      | SIGN DOCUMENT HERE    |  |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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By 282675