



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

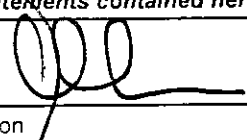
Annual Report for the year: 2015
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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SEP 14 2016
2016 SEP 14 AM 10:56

1. Entity ID Number 000950830		2. Exact name of the Limited Liability Company 16 Commercial Way, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Wine & Spirits wholesale distribution			
5. Principal Office Address 16 Commercial Way		City Warren		State RI	Zip 02885
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Scott Allen		Contact Title General Manager			
Street Address 20 Third Ave		City Somerville		State MA	Zip 02143
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name The Allen C Trust		Manager Name			
Street Address 20 Third Ave		Street Address			
City Somerville	State MA	Zip 02143	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Scott Allen				Date 8/30/16	
Signature of Authorized Person 					

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

10:55 **FILED**
SEP 14 2016
BY q/b 283470