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

Annual Report for the year: 2016 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.

Entity ID Number 2. Exact name of the Limited Lial			ability Company					
903519		Brwers	^					
3. NAICS Code	4. Brief descripti	ion of the charac	cter of business conducted in Rho	de Island				
511213 Brewery - Brew			Beer					
5. State of Formation								
RI RI	•							
6. Principal Office Address 461 Main S	tret		City Pawticket	State K.L.	Zip 62866			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Devin	, , , , , , , , , , , , , , , , , , , ,		Contact Title Partner					
	lain Sh		city Pawticket	State RI	Zip 02860			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name Sevin Ke	114 - Part	ner	Manager Name Jeremy Nuffe					
Street Address 461 Ma	in Street		Street Address 461 Main Street					
	State RE	Zip 02860	City Pawtucket	State	Zip 02860			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Check the box to indicate an attachment								
9. Resident Agent in Rhode Island								
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		Date						
Signature of Authorized Person SIGN DOCUMENT HERE								
	1/	·						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

