| State of Rhode Island and Providence Plantations Department of State - Business Services Division | | | | | | |
|--|--|--|--|--|--|--|
| Annual Report for th Limited Liability Con → Filing period: Septem → Filing Fee: \$50.00 → Penalty: Additional \$25 | npany | | | | | |
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |

| Entity ID Number | 2. Exact nar | 2. Exact name of the Limited Liability Company | | | | | | |
|--|-------------------|---|---------------------------------------|------------------------|---------------------|--|--|--|
| 506711 | Acaiberri, LLC | | | | | | | |
| 3. NAICS Code | 4. Brief desc | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| | FRUIT Juice | | | | | | | |
| 5. State of Formation | 1 ' | 100777 | , | | | | | |
| R.T. | <u> </u> | | | | | | | |
| 6. Principal Office Address | \ | | City | State | Zip | | | |
| 50 King Street | | | Johnston | R.I | 02919 | | | |
| 7. Mailing Address of Limited Lia | ability Compani | y and Name or Title | e of Contact Person | | <u> </u> | | | |
| Contact Name Augelo Ajello | | | Contact Title OWNER | | | | | |
| Street Address 50 King Street | | | city Johnson | State, I | zip 0 29 19 | | | |
| 8. List ALL managers (names an | id addresses) | of the Limited Liab | ility Company, IF APPLICABLE - | DO NOT LIST ME | EMBERS | | | |
| Manager Name | | | Manager Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| Manager Name | Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| | | | Ch | eck the hoy to ind | icate an attachment | | | |
| 9. Resident Agent in Rhode Island | d. This informati | on is currently of reco | ord with the Department of State, Cha | anges require filing F | Form 642 | | | |
| Under penalty of perjury, I declar statements, and that all stateme | lare and affirm | n that I have exam | ined this report, including any | accompanying s | schedules and | | | |
| Name of Authorized Porces | | | | | | | | |
| W | rgelo | Alello |) | 9/14 | 116 | | | |
| Signature of Authorized Person | nigelo | - avello | | | + | | | |
| | | | | | , | | | |

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

By______SEP_16_2846