	Office of the Secre	-	
	Division Of Busine		
	148 W. River Providence RI 02		
HOPE	(401) 222-3		
imited Liability Co	mnany		
Innual Report	inpany		
iling Period: September	1 - November 1		
	.L. 7-16-66(d), each limited liability col		
o file its annual report wi 16-66(b&c)) is subject to	thin thirty (30) days after the time pres a penalty fee of \$25.00	scribed by law (R.I.G.L. 7-	
ANNUAL REPORT YEA	R: <u>2010</u>		
1. ID No. <u>0006736</u>	<u>199</u>		
2. Exact Name of the	Limited Liability Company Perkins	s Brothers LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAIC	CS codes, please select the code that	best describes your business	6.
			24
NAICS Code		6 8	<u>81</u>
J	the Character of the Business Whi		
J	the Character of the Business Whi		
4. Brief Description of			
4. Brief Description of	HIP		
4. Brief Description of VEHICLE OWNERSI 5. Principal Office Add	HIP ress		
4. Brief Description of VEHICLE OWNERSI 5. Principal Office Add No. and Street: 181	HIP	ch is Actually Conducted in	
4. Brief Description of <u>VEHICLE OWNERSI</u> 5. Principal Office Add No. and Street: <u>181</u> City or Town: <u>NEV</u>	HIP ress BELLEVUE AVENUE #215 WPORT	ch is Actually Conducted in State: <u>RI</u> Zip: <u>02840</u>	Rhode Island
4. Brief Description of VEHICLE OWNERSI 5. Principal Office Add No. and Street: 181 City or Town: NEV 6. Mailing Address of I	HIP ress BELLEVUE AVENUE #215 WPORT Limited Liability Company and Nar	ch is Actually Conducted in State: <u>RI</u> Zip: <u>02840</u>	Rhode Island
4. Brief Description of VEHICLE OWNERSI 5. Principal Office Add No. and Street: 181 City or Town: NEX 6. Mailing Address of I Contact Name: Contact	HIP ress BELLEVUE AVENUE #215 WPORT Limited Liability Company and Nar	ch is Actually Conducted in State: <u>RI</u> Zip: <u>02840</u>	Rhode Island
4. Brief Description of VEHICLE OWNERSI 5. Principal Office Add No. and Street: 181 City or Town: NEV 6. Mailing Address of I Contact Name: Contact No. and Street: 181	HIP ress BELLEVUE AVENUE #215 WPORT Limited Liability Company and Nar ct Title: BELLEVUE AVENUE #215	ch is Actually Conducted in State: <u>RI</u> Zip: <u>02840</u> ne or Title of Contact Perso	Country: <u>USA</u>
4. Brief Description of VEHICLE OWNERSI 5. Principal Office Add No. and Street: 181 City or Town: NEX 6. Mailing Address of I Contact Name: Contact No. and Street: 181 Contact Name: Contact No. and Street: 181 City or Town: NEX	HIP ress BELLEVUE AVENUE #215 WPORT Limited Liability Company and Nar ct Title: BELLEVUE AVENUE #215 /PORT	ch is Actually Conducted in State: <u>RI</u> Zip: <u>02840</u> ne or Title of Contact Perso State: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
4. Brief Description of VEHICLE OWNERSI 5. Principal Office Add No. and Street: 181 City or Town: NEX 6. Mailing Address of I Contact Name: Contact No. and Street: 181 Contact Name: Contact No. and Street: 181 City or Town: NEX	HIP ress BELLEVUE AVENUE #215 WPORT Limited Liability Company and Nar ct Title: BELLEVUE AVENUE #215 /PORT of Each Manager of the Limited Liability	ch is Actually Conducted in State: <u>RI</u> Zip: <u>02840</u> ne or Title of Contact Perso State: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
4. Brief Description of VEHICLE OWNERSI 5. Principal Office Add No. and Street: 181 City or Town: NEV 6. Mailing Address of I Contact Name: Contact No. and Street: 181 City or Town: NEV 6. Mailing Address of I Contact Name: Contact No. and Street: 181 City or Town: NEW 7. Name and Address	HIP ress BELLEVUE AVENUE #215 WPORT Limited Liability Company and Nar ct Title: BELLEVUE AVENUE #215 /PORT of Each Manager of the Limited Liability	ch is Actually Conducted in State: <u>RI</u> Zip: <u>02840</u> ne or Title of Contact Perso State: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u> Country: <u>USA</u> on: Country: <u>USA</u> ble.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JASON PERKINS 580 THAMES STREET, #215 NEWPORT, RI 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 20 Day of September, 2016 at 9:57:48 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JASON PERKINS

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved