



State of Rhode Island and Providence Plantations

Department of State - Business Services 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.

| | | | | | | | |
|---|--|--|-----|--------------------------------|--|---------------------------------|---------------------|
| 1. Entity ID Number 248694 | | 2. Exact name of the Limited Liability Company BedRock Crystal, LLC | | | | | |
| 3. NAICS Code 31-33 - Manufacturing | | 4. Brief description of the character of business conducted in Rhode Island Develop, produce, and sell bottled water | | | | | |
| 5. State of Formation Rhode Island | | | | | | | |
| 6. Principal Office Address 401 Main Street | | | | City Ashaway | | State RI | Zip 02804 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Lydia Teixeira | | | | Contact Title <i>member</i> | | | |
| Street Address 401 Main Street | | | | City Ashaway | | State RI | Zip 02804 |
| 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. | | | | | | | |
| 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 LYDIA TEIXEIRA | | | | | | Date <i>October 11, 2016</i> | |
| Signature of Authorized Person <i>Lydia Teixeira</i> | | | | | | SIGN DOCUMENT HERE | |

FILED

MAIL TO:

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

OCT 14 2016

By *1231*
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