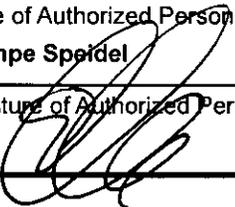




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 542090		2. Exact name of the Limited Liability Company The Persimmon Provisions LLC			
3. NAICS Code 72 - Accommodation and Food		4. Brief description of the character of business conducted in Rhode Island Own and operating a butcher shop			
5. State of Formation Rhode Island					
6. Principal Office Address 99 Hope Street		City Providence	State RI	Zip 02906	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Champe Speidel			Contact Title Manager		
Street Address 99 Hope Street		City Providence	State RI	Zip 02906	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Champe Speidel			Manager Name Lisa E. Harrison		
Street Address 70 Coomer Avenue			Street Address 70 Coomer Avenue		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
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.					
<i>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.</i>					
Name of Authorized Person Champe Speidel				Date 10.11.16	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

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

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 OCT 14 2016
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