		lantationa T dea
	State of Rhode Island and Providence P Office of the Secretary of State	
J	Division Of Business Services 148 W. River Street Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liability Cor	npany	
Annual Report	1 - November 1	
	L. 7-16-66(d), each limited liability company failing or hin thirty (30) days after the time prescribed by law (a penalty fee of \$25.00.	
ANNUAL REPORT YEAF		
1. ID No. <u>0016600</u> 4	<u>45</u>	
2. Exact Name of the L	imited Liability Company Hickory Farms, LLC	
3. State of Formation		
State: <u>DE</u>		
State: <u>DE</u>	ARTICLE III	
	ARTICLE III S codes, please select the code that best describes	your business.
	-	your business.
Using the following NAIC	S codes, please select the code that best describes	6 445299
Using the following NAIC	-	6 445299
Using the following NAIC	S codes, please select the code that best describes	6 445299
Using the following NAIC	S codes, please select the code that best describes he Character of the Business Which is Actually FOOD AND GIFT SALES	6 445299
Using the following NAIC NAICS Code 4. Brief Description of t SEASONAL RETAIL 5. Principal Office Addr No. and Street: <u>120</u>	S codes, please select the code that best describes he Character of the Business Which is Actually FOOD AND GIFT SALES ress	6 <u>445299</u> Conducted in Rhode Island
Using the following NAIC NAICS Code 4. Brief Description of t SEASONAL RETAIL 5. Principal Office Addr No. and Street: <u>120</u>	S codes, please select the code that best describes he Character of the Business Which is Actually FOOD AND GIFT SALES ress	6 445299
Using the following NAIC NAICS Code 4. Brief Description of t SEASONAL RETAIL 5. Principal Office Addr No. and Street: <u>120</u> City or Town: <u>WI</u>	S codes, please select the code that best describes he Character of the Business Which is Actually FOOD AND GIFT SALES ress	6 445299 Conducted in Rhode Island 19801 Country: USA
Using the following NAIC NAICS Code 4. Brief Description of t SEASONAL RETAIL 5. Principal Office Addr No. and Street: 120 City or Town: WI 6. Mailing Address of L Contact Name: Contac	S codes, please select the code that best describes the Character of the Business Which is Actually of FOOD AND GIFT SALES ress P9 ORANGE STREET LMINGTON State: DE Zip: imited Liability Company and Name or Title of C t Title:	6 445299 Conducted in Rhode Island 19801 Country: USA
Using the following NAIC NAICS Code 4. Brief Description of t SEASONAL RETAIL 5. Principal Office Addr No. and Street: 120 City or Town: WI 6. Mailing Address of L Contact Name: Contac No. and Street: <u>811</u>	S codes, please select the code that best describes he Character of the Business Which is Actually of FOOD AND GIFT SALES PO ORANGE STREET LMINGTON State: DE Zip: imited Liability Company and Name or Title of C t Title: MADISON AVENUE	6 445299 Conducted in Rhode Island 19801 Country: USA
Using the following NAIC NAICS Code 4. Brief Description of t SEASONAL RETAIL 5. Principal Office Addr No. and Street: 120 City or Town: WI 6. Mailing Address of L Contact Name: Contac No. and Street: 811 City or Town: TOL	S codes, please select the code that best describes he Character of the Business Which is Actually of FOOD AND GIFT SALES ress P9 ORANGE STREET LMINGTON State: DE Zip: imited Liability Company and Name or Title of C t Title: MADISON AVENUE EDO State: OH Zip: of Each Manager of the Limited Liability Compare	6 445299 Conducted in Rhode Island 19801 Country: USA Contact Person: 43604 Country: USA
Using the following NAIC NAICS Code 4. Brief Description of t SEASONAL RETAIL 5. Principal Office Addr No. and Street: 120 City or Town: WI 6. Mailing Address of L Contact Name: Contac No. and Street: 811 City or Town: TOL 7. Name and Address of	S codes, please select the code that best describes he Character of the Business Which is Actually of FOOD AND GIFT SALES ress P9 ORANGE STREET LMINGTON State: DE Zip: imited Liability Company and Name or Title of C t Title: MADISON AVENUE EDO State: OH Zip: of Each Manager of the Limited Liability Compare	6 445299 Conducted in Rhode Island 19801 Country: USA Contact Person: 43604 Country: USA

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> 02914

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

Signed this 19 Day of October, 2016 at 9:46:22 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 <u>ANDREW DECKER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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