

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEN STATE

2016 OCT 25 PH 2: 12

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.

	T					
1. Entity ID Number	i	2. Exact name of the Limited Liability Company				
149447	Liquid, LLC					
3. NAICS Code	4. Brief descrip	tion of the charac	cter of business conducted in Rho	ode Island		
72 - Accommodation and Foo	1		HMENT TO PROVIDE RETAIL FO		₹AGE	
5. State of Formation	1					
RI						
6. Principal Office Address			City	State	Zip	
1000 S. Pointe Drive, #101			Miami Beach	FL	33139	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Umberto Sorbo			Contact Title Authorized Person	Contact Title Authorized Person		
Street Address 1000 S. Pointe Drive, #101			City Miami Beach	State FL	^{Zip} 33139	
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	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
					cate an attachment	
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				Date		
Umberto Sorbo				10-	-18-16	
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 FILED

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FORM 632 - Revised: 08/2016