	State of Rhode Island and Pr Office of the Secret		Fee: \$50.0
HOPE	Division Of Busines 148 W. River & Providence RI 029 (401) 222-30	ss Services Street 904-2615	
_imited Liability Co	ompany		
Annual Report			
Filing Period: Septembe	r 1 - November 1		
o file its annual report w	S.L. 7-16-66(d), each limited liability con vithin thirty (30) days after the time pres • a penalty fee of \$25.00.		
ANNUAL REPORT YEA	AR : <u>2016</u>		
1. ID No. <u>0005790</u>	049		
2. Exact Name of the	Limited Liability Company The For	odcrafters, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAI	CS codes, please select the code that	best describes your business.	
NAICS Code		6 54	
A Brief Description of	the Character of the Business Whic		odo Island
4. Bhei Description of			
FOOD PRODUCTIC	N CONSULTING		
	dress		
5. Principal Office Add			
5. Principal Office Add	ALT DOND DOAD SUITE C11		
No. and Street: <u>24 S</u>	ALT POND ROAD, SUITE G11 KEFIELD	State: <u>RI</u> Zip: <u>02879</u> Co	ountry: <u>USA</u>
No. and Street: <u>24 S</u> City or Town: <u>WA</u>			ountry: <u>USA</u>
No. and Street: <u>24 S</u> City or Town: <u>WA</u> 6. Mailing Address of	KEFIELD Limited Liability Company and Nam		ountry: <u>USA</u>
No. and Street: <u>24 S</u> City or Town: <u>WA</u> 6. Mailing Address of Contact Name: <u>JOHN</u> No. and Street: <u>24 S</u>	KEFIELD Limited Liability Company and Nam I WEAVER Contact Title: MEMBER ALT POND ROAD, SUITE G11	ne or Title of Contact Person:	
No. and Street: <u>24 S</u> City or Town: <u>WA</u> 6. Mailing Address of Contact Name: <u>JOHN</u> No. and Street: <u>24 S</u>	KEFIELD Limited Liability Company and Nam I WEAVER Contact Title:		
No. and Street: 24 S City or Town: WA 6. Mailing Address of Contact Name: JOHN No. and Street: 24 S City or Town: WAK	KEFIELD Limited Liability Company and Nam I WEAVER Contact Title: MEMBER ALT POND ROAD, SUITE G11 XEFIELD of Each Manager of the Limited Liability	ne or Title of Contact Person: State: <u>RI</u> Zip: <u>02879</u> Co	ountry: <u>USA</u>
No. and Street: 24 S City or Town: WA 6. Mailing Address of Contact Name: JOHN No. and Street: 24 S City or Town: WAK 7. Name and Address	KEFIELD Limited Liability Company and Nam I WEAVER Contact Title: MEMBER ALT POND ROAD, SUITE G11 XEFIELD of Each Manager of the Limited Liability	ne or Title of Contact Person: State: <u>RI</u> Zip: <u>02879</u> Co	ountry: <u>USA</u>

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

DANIEL P. CARTER 222 JEFFERSON BOULEVARD WARWICK , RI 02888

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

Signed this 26 Day of October, 2016 at 2:06:57 PM 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>DANIEL P. CARTER</u> 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