

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 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.

RIGERALE	
TO 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-
EBB SYDDIN'	

2016 OCT 26 PH 12: 21

1. Entity ID Number	2. Exact name of the Limited Liability Company						
000142830	Aurora Enterprises LhC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
44-45	Retail Store Liquor						
5. State of Formation							
RI			•				
Principal Office Address	•		City	State	Zip		
50 Ann Mary	St Um	+ 106	Pawtucket	RI	02860		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Brian Fitzgerald			Contact Title President				
Street Address 50 Ann V	many St (Just 106	City Pautucket	State R r	C3860		
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 S			Street Address				
City	State	Zip	City	State	Zip		
, , , , , , , , , , , , , , , , , , , 			Ch	eck the box to indi	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 Brian Fitzgerald				10/26/16			
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**

OCT 2 6 2016

BY 2810978 A. A. 12'.23 P'MFORM 632 - Revised: 08/2016