	State of Rhode Island and Provid Office of the Secretary		ns Fee: \$50
	Division Of Business Se	rvices	
	148 W. River Stree	-	
	Providence RI 02904-2	2615	
HOPE	(401) 222-3040		
imited Liability Co	mpany		
nnual Report <i>ling Period: September</i>	1 - November 1		
	.L. 7-16-66(d), each limited liability compan thin thirty (30) days after the time prescribe		-
	a penalty fee of \$25.00.		
ANNUAL REPORT YEA	R : <u>2016</u>		
I. ID No. <u>0007974</u>	<u>-04</u>		
2. Exact Name of the	Limited Liability Company S.B.Winsor	Creamery, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICI E III		
	ARTICLE III		
Using the following NAI	ARTICLE III CS codes, please select the code that best	describes your bus	iness.
			44.45
Using the following NAI		describes your bus	iness. <u>44-45</u>
NAICS Code		6	<u>44-45</u>
NAICS Code	CS codes, please select the code that best	6	<u>44-45</u>
NAICS Code 4. Brief Description of	CS codes, please select the code that best	6	<u>44-45</u>
NAICS Code 4. Brief Description of CREAMERY	CS codes, please select the code that best the Character of the Business Which is	6	<u>44-45</u>
NAICS Code 4. Brief Description of <u>CREAMERY</u> 5. Principal Office Add	CS codes, please select the code that best the Character of the Business Which is	6	<u>44-45</u>
NAICS Code 4. Brief Description of <u>CREAMERY</u> 5. Principal Office Add No. and Street: <u>305</u>	CS codes, please select the code that best the Character of the Business Which is ress	6 Actually Conducte	<u>44-45</u> ed in Rhode Island
NAICS Code 4. Brief Description of CREAMERY 5. Principal Office Add No. and Street: 304 City or Town: RU	CS codes, please select the code that best the Character of the Business Which is ress 5 NORTH BROADWAY MFORD State:	6 Actually Conducte <u>RI</u> Zip: 02916	<u>44-45</u> ed in Rhode Island Country: <u>USA</u>
NAICS Code 4. Brief Description of CREAMERY 5. Principal Office Add No. and Street: 304 City or Town: RU	CS codes, please select the code that best the Character of the Business Which is ress	6 Actually Conducte <u>RI</u> Zip: 02916	<u>44-45</u> ed in Rhode Island Country: <u>USA</u>
NAICS Code 4. Brief Description of CREAMERY 5. Principal Office Add No. and Street: 305 City or Town: RU 6. Mailing Address of	CS codes, please select the code that best the Character of the Business Which is ress 5 NORTH BROADWAY MFORD State:	6 Actually Conducte <u>RI</u> Zip: 02916	<u>44-45</u> ed in Rhode Island Country: <u>USA</u>
NAICS Code 4. Brief Description of <u>CREAMERY</u> 5. Principal Office Add No. and Street: <u>304</u> City or Town: <u>RU</u> 6. Mailing Address of Contact Name: Conta No. and Street: <u>58</u>	CS codes, please select the code that best the Character of the Business Which is ress <u>5 NORTH BROADWAY</u> <u>MFORD</u> State: Limited Liability Company and Name or ct Title: <u>PINEHILL AVENUE</u>	Actually Conducte	<u>44-45</u> ed in Rhode Island Country: <u>USA</u>
NAICS Code 4. Brief Description of CREAMERY 5. Principal Office Add No. and Street: 303 City or Town: RU 6. Mailing Address of Contact Name: Conta No. and Street: 58	CS codes, please select the code that best the Character of the Business Which is ress <u>5 NORTH BROADWAY</u> <u>MFORD</u> State: Limited Liability Company and Name or ct Title:	Actually Conducte	<u>44-45</u> ed in Rhode Island Country: <u>USA</u>
NAICS Code 4. Brief Description of CREAMERY 5. Principal Office Add No. and Street: 304 City or Town: RU 6. Mailing Address of Contact Name: Conta No. and Street: 58 City or Town: JO	CS codes, please select the code that best the Character of the Business Which is ress 5 NORTH BROADWAY MFORD State: Limited Liability Company and Name or ct Title: PINEHILL AVENUE HNSTON State: RI of Each Manager of the Limited Liabilit	Actually Conducted <u>RI</u> Zip: 02916 Title of Contact P Zip: 02919	<u>44-45</u> ed in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u>
NAICS Code 4. Brief Description of CREAMERY 5. Principal Office Add No. and Street: 304 City or Town: RU 6. Mailing Address of Contact Name: Conta No. and Street: 58 City or Town: JO 7. Name and Address	CS codes, please select the code that best the Character of the Business Which is ress 5 NORTH BROADWAY MFORD State: Limited Liability Company and Name or ct Title: PINEHILL AVENUE HNSTON State: RI of Each Manager of the Limited Liabilit	Actually Conducte <u>RI</u> Zip: <u>02916</u> Title of Contact P Zip: <u>02919</u> y Company, if App	<u>44-45</u> ed in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u>

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

ALAN K. WINSOR 58 PINE HILL AVENUE JOHNSTON, RI 02919

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

Signed this 2 Day of November, 2016 at 8:58:33 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>ALAN WINSOR</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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