ALE NORME (REMINE LAULE)

Annual Report for the year: 2010 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.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
000791157	Bevorage Acquisition, we				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
312111	writing none - all assets were sold in FCb. 2014 and				
5. State of Formation	primess of	beverage Acquisition	I We strope	el	
Texas		•	•		
6. Principal Office Address		City	State	Zip	
301 commerce st. svite 4000		Fort worth	7x	76102	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Leslic Kenthur		Contact Title	Contact Title TYLA YWUY		
Street Address vommerce & rvik 1600		Fort worth	State	Zip74102	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Michael Bornitz		Manager Name		22	
Street Address 301 Commerce St. South 1600		Street Address		77 FE	
Fort Worth	State Zip	O? City	State	Zip S MAR	
Manager Name TNH		Manager Name	Manager Name		
Street Address Street Address Will 1600		Street Address			
City FOX WOM	State Zip 7610	Z City	State	Zipen	
Check the box to indicate an attachment					
9. Resident Agent in Rhode Islan					
Under penalty of perjury, I decl statements, and that all statem	are and affirm that I have ents contained herein are	examined this report, including true and correct.	any accompanyin	g schedules and	
Name of Authorized Person			Date	· .	
Michael Bornitz		7/22/17			
Signature of Authorized Person	145				

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**

FEB 27 2017

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