| s s | tate of Rhode Island and Pro Office of the Secreta | | 1S Fee: \$50.00 | |
|---|---|---------------------------|-------------------------|--|
| Division Of Business Services | | | | |
| | 148 W. River Street Providence RI 02904-2615 | | | |
| HOPE | (401) 222-30 | | | |
| Limited Liability Company | | | | |
| Annual Report | | | | |
| Filing Period: September 1 - November 1 | | | | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. | | | | |
| ANNUAL REPORT YEAR: 2016 | | | | |
| 1. ID No. <u>000345199</u> | | | | |
| 2. Exact Name of the Limited Liability Company Rhode Ilin Ice Cream LLC | | | | |
| 3. State of Formation | | | | |
| State: <u>RI</u> | | | | |
| ARTICLE III | | | | |
| Using the following NAICS codes, please select the code that best describes your business. | | | | |
| NAICS Code 6 72 | | | | |
| NAICS Code <u>6</u> <u>72</u> | | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | | |
| | | | | |
| MANUFACTURE, MARKETING, DISTRIBUTING, LICENSING, AND SALE OF ICE CREAM AND | | | | |
| RELATED PRODUCTS | | | | |
| 5. Principal Office Addre | SS | | | |
| | LAUREL LANE | | _ | |
| City or Town: WA | ARREN State: R | Zip: <u>02885</u> | Country: <u>USA</u> | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | | |
| Contact Name: <u>THOMAS SEITER</u> Contact Title: <u>MEMBER</u> | | | | |
| | <u>_AUREL LANE</u> <u>RREN</u> State: <u>RI</u> | Zip: <u>02885</u> | Country: <u>USA</u> | |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | | |
| Title | Individual Name | Addr | ess | |
| | First, Middle, Last, Suffix | Address, City or Town, St | tate, Zip Code, Country | |
| | | | | |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

THOMAS SEITER 137 PARK DRIVE RIVERSIDE , RI 02915

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

Signed this 24 Day of April, 2017 at 9:40:57 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>THOMAS SEITER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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