RI SOS Filing Number: 201741688470 Date: 4/24/2017 4:00:00 PM

State of the Island and Providence Plantations

DO:	ent of State - Bu	siness Ser	vices Division		
	for the year:	2016			
Limited Live	om pany Ceptember 1 - Novemi	nor 1			
→ Filing Fee: 17		Jei i			
	onal \$25.00 fee if form	s not filed by [December 1.	_	VI TO THE CONTRACT OF THE CONT
1. Entity ID is	2. Exact na	me of the Limit	ted Liability Company		
1 - 814	1413 AN	NIE B'S	FARM LLC		
3. NAICS Cod			character of business conducted in RI	hode Island	****
	140 N	EY PR	CODUCTS SALES		
5. State of For					
$\mathcal{R}I$					
6. Principal C.			City	State	Zip
15 ALASHA ST.			CUMBERLAND	\mathcal{R}_{I}	02864
			or Title of Contact Person	<u> </u>	
Contact Name RUNETTE BIRMAN			Contact Title OUNER		
	LASKA ST		City LUMBERLANZ	State R/	Zip ОЭ864
8. List ALL In) 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			Street Address		
City	State	Zip	City	State	Zip
			C	heck the box to	indicate an attachment
9. Resident /	. Gode Island. This inform	ation is currently	of record with the Department of State. Cl	hanges require fili	ing Form 642.
Under personal statements,), I declare and affi statements contain		examined this report, including an	y accompanyii	ng schedules and
Name of /	HISON	ien ilaigili qig	uue anu curect	Date	
ani	nette IL.	Birno	an		4/20/17
Signature (Person			t	()
/N~		SIGN	DOCUMENT HERE		
7.00	····		<u> </u>		

MAIL TO:

Division

e**s**.

148 W. Riv ence, Rhode Island 02904-2615

Phone: (4:

Website: vii.

FILED

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FORM 632 - Revised: 08/2016