Office of the Secretary of State         Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040         Interfect Liability Company Munual Report Wing Period: September 1 - November 1         Accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing 0 feit is annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 66(bRc)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No.       000960374         2. Exact Name of the Limited Liability Company <u>HIT THE LIQUID, LLC</u> 3. State of Formation         State: Rl         ARTICLE III         UNICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         NAICS Code       44-45         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COFFEE SHOP         5. Principal Office Address       9/4 BOSTON NECK ROAD				
148 W. River Street Providence R1 02904-2615 (d01) 222-3040         Imited Liability Company (whull Report)         imited Liability Company (bit is sample)         integer         inte         inte				Fee: \$50.00
Providence RI 02904-2615 (401) 222-3040         Similar Department of the sense selection. If the NAICS Code is known, enter if into the box on the right. For further assistance with selecting a classification click here.         NAICS Code         MAICS Code         Sense Sense Sense of the Sense Swhich is Actually Conducted in Rhode Island         COFFEE SHOP         Sense Sens		Division Of Business	Services	
(401) 222-3040         Imited Liability Company Minual Report         illing Feriod: September 1 - November 1         naccordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing bills its annual report within triy (20) days after the time prescribed by law (R.I.G.L. 7- 6-66(bSc)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No. 000960374         2. Exact Name of the Limited Liability Company <u>HIT THE LIQUID, LLC</u> 3. State of Formation State: <u>R</u> !         MATCLE III         Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here</u> .         NAICS Code <u>44-45</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COFFEE SHOP         5. Principal Office Address         No. and Street: <u>204 BOSTON NECK ROAD</u> City or Town: <u>NARRAGANSETT</u> State: <u>R</u> Zip: <u>02882</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>UNNE FOLNOTON Contact Title</u> : <u>OWNER</u> No. and Street: <u>12.1/2 BREACH DRIVE</u> Count Y: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title	148 W. River Street			
imited Liability Company ulting Period: September 1 - November 1         naccordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing the its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 6-66(fb&c)) is subject to a penalty fee of \$25:00.         ANNUAL REPORT YEAR: 2017         1. ID No. 000960374         2. Exact Name of the Limited Liability Company <u>HIT THE LIQUID, LLC</u> 3. State of Formation State: Ri         ARTICLE III         Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         NAICS Code <u>44-45</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         COFFEE SHOP         5. Principal Office Address         No. and Street: <u>904 BOSTON NECK ROAD</u> City or Town:       NARRAGANSETT         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: <u>12 1/12 BERACH DRIVE</u> City or Town: <u>12 1/12 BERACH DRIVE</u> City or Town: <u>12 1/12 BERACH DRIVE</u> City or Town: <u>12 1/12 BERACH DRIVE</u>				
Numual Report       September 1 - November 1         ing Period: September 1 - November 1         accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing of file its annual report with http: (30) days after the time prescribed by law (R.I.G.L. 7-6-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No.       000960374         2. Exact Name of the Limited Liability Company HIT THE LIQUID, LLC         3. State of Formation         State: RI         ARTICLE III         Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         NAICS Code       at4-45         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         COFFEE SHOP         5. Principal Office Address         No, and Street:       904 BOSTON NECK ROAD         City or Town:       NARRAGANSETT       State: RI       Zip: 02882       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Name:       LYNN EGUINGTON Contact Title:       OVINER       No, and Street:	HOPE	(401) 222-304	40	
Numual Report       September 1 - November 1         ing Period: September 1 - November 1         accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing of file its annual report with http: (30) days after the time prescribed by law (R.I.G.L. 7-6-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No.       000960374         2. Exact Name of the Limited Liability Company HIT THE LIQUID, LLC         3. State of Formation         State: RI         ARTICLE III         Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         NAICS Code       at4-45         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         COFFEE SHOP         5. Principal Office Address         No, and Street:       904 BOSTON NECK ROAD         City or Town:       NARRAGANSETT       State: RI       Zip: 02882       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Name:       LYNN EGUINGTON Contact Title:       OVINER       No, and Street:	imited Liability Com	npany		l
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Title       Output         0.110       0.000960374         0.111       ID No.       0.000960374         0.1111       ID No.       0.000960374         0.1111       ID No.       0.000960374         0.1111       ID No.       0.000960374         0.1111       ID No.       ID No.         0.1111       ID No.       ID No.         0.1111       ID No.       ID No.         0.1111       ID No.       Select the classification title that describes the primary type of business in which your entily engages. The box to the right of the dropdown will populate a NAICS Code tassification click here.         INAICS Code       If the Character of the Business Which is Actually Conducted in Rhode Island	Filing Period: September 1	- November 1		
Title       Output         0.110       0.000960374         0.111       ID No.       0.000960374         0.1111       ID No.       0.000960374         0.1111       ID No.       0.000960374         0.1111       ID No.       0.000960374         0.1111       ID No.       ID No.         0.1111       ID No.       ID No.         0.1111       ID No.       ID No.         0.1111       ID No.       Select the classification title that describes the primary type of business in which your entily engages. The box to the right of the dropdown will populate a NAICS Code tassification click here.         INAICS Code       If the Character of the Business Which is Actually Conducted in Rhode Island	n accordance with R.I.G.L	. 7-16-66(d). each limited liability com	anv failing or refusing	
ANNUAL REPORT YEAR: 2017           1. ID No.         000960374           2. Exact Name of the Limited Liability Company HIT THE LIQUID, LLC           3. State of Formation           State: RI   ARTICLE III           URITION Company HIT THE LIQUID, LLC   3. State of Formation           State: RI   ARTICLE III Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.           INAICS Code         6         44:45   4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island           COFFEE SHOP         5         44:45   8. Mailing Address of Limited Liability Company and Name or Title of Contact Person:           Contact Name:         12 1/2 BREACH DRIVE         OWNER           No. and Street:         12 1/2 BREACH DRIVE         State: RI         Zip: 02891         Country: USA   7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. D NOT LIST MEMBERS           Title         Individual Name         Address.         Address. City or Town. State. Zip Code, Country				
1. ID No.       000960374         2. Exact Name of the Limited Liability Company HIT THE LIQUID, LLC         3. State of Formation         State: RI         ARTICLE III         Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         NAICS Code       Image: Address         NAICS Code       Image: Address         Attribute the Business Which is Actually Conducted in Rhode Island         COFFEE SHOP         S. Principal Office Address         No. and Street: 904 BOSTON NECK ROAD City or Town: MARRAGANSETT State: RI Zip: 02882 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: LYNN EGLINGTON Contact Title: OWNER No. and Street: 12 1/2 BREACH DRIVE City or Town: WESTERLY State: RI Zip: 02891 Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title Individual Name First, Middle, Last, Suffix Address, City or Town, State. Zip Code, Country	6-66(b&c)) is subject to a	penalty fee of \$25.00.		
2. Exact Name of the Limited Liability Company HIT THE LIQUID, LLC 3. State of Formation State: RI  ARTICLE III Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.  NAICS Code  44-45 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island  COFFEE SHOP 5. Principal Office Address No. and Street: 904 BOSTON NECK ROAD City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: LYNN EGLINGTON Contact Title: OWNER No. and Street: 12 1/2 BREACH DRIVE City or Town: WESTERLY State: RI Zip: 02891 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	ANNUAL REPORT YEAR	<u>2017</u>		
3. State of Formation         State: RI         ARTICLE III         Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the choosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         NAICS Code       6       44-45         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island       COFFEE SHOP         State: 904 BOSTON NECK ROAD         City or Town:       NARRAGANSETT       State: RI       Zip: 02882       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: LYNN EGLINGTON Contact Title: OWNER         No. and Street: 12 1/2 BREACH DRIVE         Contact Time: OWNER         Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	<b>1. ID No.</b> 00096037	4		
3. State of Formation         State: RI         ARTICLE III         Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the choosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         NAICS Code       6       44-45         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island       COFFEE SHOP         State: 904 BOSTON NECK ROAD         City or Town:       NARRAGANSETT       State: RI       Zip: 02882       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: LYNN EGLINGTON Contact Title: OWNER         No. and Street: 12 1/2 BREACH DRIVE         Contact Time: OWNER         Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		- mitod Liability Company, HIT THI		
State: RI         ARTICLE III         Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         NAICS Code       Image: Colspan="2">Attent to the box on the right. For further assistance with selecting a classification click here.         NAICS Code       Image: Colspan="2">Attent to the Character of the Business Which is Actually Conducted in Rhode Island         COFFEE SHOP         5. Principal Office Address         No. and Street:       904 BOSTON NECK ROAD         City or Town:       MARRAGANSETT         State: RI         State: RI         Jup: 02882         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:         VINN EGLINGTON Contact Title:         Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix				

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

LYNN EGLINGTON 12 1/2 BREACH DRIVE WESTERLY, RI 02891

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

**Signed this 31 Day of August, 2017 at 3:01:55 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>LYNN EGLINGTON</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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