



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2017  
**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<br><u>506711</u>  |                    | 2. Exact name of the Limited Liability Company<br><u>Acai berry, LLC</u>                          |  |
| 3. NAICS Code<br><u>311411</u>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>Fruit Juice</u> |  |
| 5. State of Formation<br><u>R.I.</u>  |                    |   |  |
| 6. Principal Office Address<br><u>50 King Street</u>  |                    | City<br><u>Johnston</u>   | State<br><u>R.I.</u> Zip<br><u>02919</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                    |   |  |
| Contact Name<br><u>Angelo Aiello</u>  |                    | Contact Title<br><u>owner</u>   |  |
| Street Address<br><u>50 King Street</u>   |                    | City<br><u>Johnston</u>   | State<br><u>R.I.</u> Zip<br><u>02919</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                    |   |  |
| Manager Name<br><u>Angelo Aiello</u>  |                    | Manager Name  |  |
| Street Address<br><u>50 King Street</u>   |                    | Street Address  |  |
| City<br><u>Johnston</u>   | State<br><u>RI</u> | Zip<br><u>02919</u>   |  |
| Manager Name  |                    | Manager Name  |  |
| Street Address  |                    | Street Address  |  |
| City  | State              | Zip   |  |
| Manager Name  |                    | Manager Name  |  |
| Street Address  |                    | Street Address  |  |
| City  | State              | Zip   |  |
| Check the box to indicate an attachment <input type="checkbox"/>  |                    |   |  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |                    |   |  |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |                    |   |  |
| Name of Authorized Person<br><u>Angelo Aiello</u>   |                    | Date<br><u>9-6-17</u>   |  |
| Signature of Authorized Person<br><u>Angelo Aiello</u>  |                    |   |  |

**MAIL TO:**

Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

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