RI SOS Filing Number: 201751128360 Date: 10/6/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

577....

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 | 2. Exact na | ame of the Limit | ed Liability Company | | | | |
|--|--|------------------------------------|---|----------------------------|----------------------|--|--|
| 144767 | Pheasant Tea & Coffee, LLC | | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 531390 | Realty Holding Company | | | | | | |
| 5. State of Formation | 7 | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 612 Greenwich Avenue | | | Warwick | RI | 02886 | | |
| 7. Mailing Address of Limited Lia | | iny and Name o | | • | | | |
| Contact Name Joseph L. Catelli | | | Contact Title Member | Contact Title Member | | | |
| Street Address 612 Greenwich Avenue | | | City Warwick | State RI | ^{Zip} 02886 | | |
| 8. List ALL managers (names a | nd addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST I | MEMBERS | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | <u> </u> | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| Check the box to indicate an attachment | | | | | | | |
| 9. Resident Agent in Rhode Islan | nd. This inform | nation is currently | of record with the Department of St | ate. Changes require filin | g Form 642. | | |
| Under penalty of perjury, I dec statements, and that all staten | lare and aff nents conta | irm that I have ined herein are | examined this report, includir true and correct. | ng any accompanyin | g schedules and | | |
| Name of Authorized Person Date / j | | | | | / i | | |
| Joseph L. Catelli 10/3/17 | | | | | 3/17 | | |
| Signature of Authorized Person | | | | | | | |
| SIGN DOCUMENT HERE | | | | | | | |
| // / | | | | | 1 | | |

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

OCT 06 2017

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