# ACCOMMENDED	

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	2. Exact name of the Limited Liability Company					
849123	Little Rhody Green LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
711190	manufacturing, distributing and marketing enzymes and related products and any other operation					
5. State of Formation			-			
Rhode Island	!					
			City	State	Zip	
6. Principal Office Address 67 Cucumber Hill Road				RI	02825	
			Foster			
7. Mailing Address of Limited Lia	bility Compa	ny and Name or	Title of Contact Person			
Contact Name Eli Berkowitz			Contact Title Member	Contact Title Member		
Street Address 67 Cucumber Hill Road		City Foster	State RI	^{Zip} 02825		
8. List ALL managers (names a	nd addresses	s) of the Limited L	iability Company, IF APPLIC	CABLE - DO NOT LIST N	MEMBERS	
Manager Name		Manager Name				
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>	1		Check the box to it	ndicate an attachment	
9. Resident Agent in Rhode Isla	nd. This inform	nation is currently o	f record with the Department of	والمتناف والم والمتناف والمتناف والمتناف والمتناف والمتناف والمتناف والمتنا		
Under penalty of perjury, I dec statements, and that all states	lare and aff	irm that I have e	xamined this report, inclu	ding any accompanyin	g schedules and	
Name of Authorized Person				Date		
Eli Berkowitz				9-	18-17	
Signature of Authorized Person		SKSNI	DOCUMENT HERE			

MAIL TO:

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Phone: (401) 222-3040 Website: www.sos.ri.gov

