

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040 2005

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2 Exact name of the limited liability company Bev Tech, LLC 1.1D.No. 143208 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **RHODE ISLAND** Beverage machine installation and repair 5. Principal office address State 19 LIPPITT AVENUE WARWICK RΙ 02889 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title CORDELL W. CUDWORTH, II Street Address State WARWICK 19 LIPPITT AVENUE RI 02889 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name CORDELL W. CUDWORTH, II Street Address Street Address 19 LIPPITT AVENUE Ζίρ City State Zip WARWICK .....RI..... l....02889..... Manager Name Manager Name Street Address Street Address City Zíp State Zφ City State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address **JOHN S. PETRONE** Address Zφ **145 PHENIX AVENUE** CRANSTON 02920-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date	13/05 143208
Check No.	2026
Ву:	CXC
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined under any accompanying schedules and statements, and the contained herein are true and correct.	
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Signarure of Authorized Person Date	7 CO
Print or Type Name of Authorized Person	·