Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing						
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Fing Period. September 1 - November 1 In accordance with RJ 6L 7-16-66(d), each limited liability company failing or refusing to fine its annual report with mitry (20) days after the time presented by law (RJ.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001662175 2. Exact Name of the Limited Liability Company Pan Am Amalgramated, LLC 3. State of Formation State: RI State: RI ATTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 445299 A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island RETAIL SALE OF FRUIT SMOOTHIES AND PREPARED FOODS 5. Principal Office Address No. and Street: 17 WEST STREET City or Town: NEWPORT State: RI Zip: 02840 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title:	S			Fee: \$50.00		
Annual Report Fling Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(0. each limited liability company failing or refusing to file its annuel report with intry (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b.8c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001662175 2. Exact Name of the Limited Liability Company Pan Am Amalgamated, LLC 3. State of Formation State: R] ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 445299 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island RETAIL SALE OF FRUIT SMOOTHIES AND PREPARED FOODS 5. Principal Office Address No. and Street: 17 WEST STREET City or Town: NEWPORT State: Ri Zip: 02840 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: MARK BUCE Contact Title: No. and Street: 17 WEST STREET City or Town: NEWPORT State: Ri< Zip: 02840	HOPE	148 W. River St Providence RI 0290	reet 4-2615			
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First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country						
	Title					
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, State, Zip (Code, Country		
	8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER				

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JEREMIAH C. LYNCH, III 97 JOHN CLARKE ROAD MIDDLETOWN, RI 02842

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

Signed this 17 Day of May, 2018 at 1:23:42 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 JEREMIAH C. LYNCH Signature of Authorized Person

Form No. 632 Revised 09/07

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