



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>679128</u>		2. Exact name of the limited liability company <u>Verde Vineyards, LLC</u>			
3. State of Formation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Farm-Winery, Retail Sales (111120)</u>			
5. Principal office address <u>50 Hopkins Ave</u>		City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Giacomo G. Verde</u>			Contact Title <u>Sole Member</u>		
Street Address <u>50 Hopkins Ave</u>		City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND <u>Giacomo G. Verde 50 Hopkins Ave, Johnston RI</u>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED 02

MAY 23 2018

BY 1434

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Giacomo G. Verde May 2, 2018
 Signature of Authorized Person Date

GIACOMO G. VERDE
 Print or Type Name of Authorized Person