

Annual Report for the year: 2018
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				
I WOOMOY	Shady Lane Foods				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
311230	Production of granola that is gluten free and vegan.				
5. State of Formation					
Rhode Island					
6. Principal Office Address	<u>. </u>		City	State	Zip
			Barrington	RI	02806
<u> </u>			<u> </u>	I Ni	02000
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Virginia McQuen			Contact Title President		
Street Address 3 Shady Laen			City Barrington	State RI	Zip 02806
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name	L ,	<u> </u>	Manager Name		
Street Address			Street Address		
City	State	Žip	City	State	Zip
		1	Che	ck the box to indi	cate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	
Virginia McQueen				9/5/2018	
Signature of Authorized Person SIGN DOCUMENT HERE					

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**

SEP 1 0 2018

FORM 632 - Revised: 10/2017