State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
OCT 31 2018
BY 1776

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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
001662596	**Turnip Greens, LLC**
3. NAICS Code: **722511**	4. Brief description of the character of business conducted in Rhode Island: **THE SALE OF ALCOHOLIC BEVERAGES ON A RETAIL BASIS UNDER A CLASS A LIQUOR LICENSE, THE OPERATION OF A FOOD SERVICE ESTABLISHMENT, AND SIMILAR OPERATIONS.**
5. State of Formation: **RHODE ISLAND**	

6. Principal Office Address	City	State	Zip
C/O STONEACRE BRASSERIE, 28 WASHINGTON SQUARE	**NEWPORT**	**RI**	**02840**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title			
Christopher Bender	**Manager**			
Street Address: **c/o Stoneacre Brasserie, 28 Washington Sq.**	City: **Newport**	State: **RI**	Zip: **02840**	

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name: **Christopher Bender**			Manager Name: **David Crowell**		
Street Address: **c/o Stoneacre Brasserie, 28 Washington Sq.**			Street Address: **c/o Stoneacre Brasserie, 28 Washington Sq.**		
City: **Newport**	State: **RI**	Zip: **02840**	City: **Newport**	State: **RI**	Zip: **02840**
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate 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
CHRISTOPHER BENDER	9/25/2018

Signature of Authorized Person: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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