



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

FILED

OCT 31 2018

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FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: **2018**

Limited Liability Company

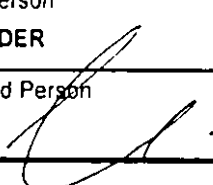
→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

BY

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1. Entity ID Number 001662596		2. Exact name of the Limited Liability Company 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 C/O STONEACRE BRASSERIE, 28 WASHINGTON SQUARE		City NEWPORT		State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Christopher Bender			Contact Title 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 CHRISTOPHER BENDER				Date 9/25/2018	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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