



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 001678697

**2. Exact Name of the Limited Liability Company** Brute and Hector LLC

**3. State of Formation**

State: MA

**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.

445290

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

THE GENERAL CHARACTER OF THE BUSINESS OF THE LLC IS TO ENGAGE IN THE BUSINESS OF THE RETAIL SALES OF FOOD PRODUCTS TO INDIVIDUALS AND TO ENGAGE IN ANY OTHER BUSINESS IN WHICH A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS MAY LAWFULLY ENGAGE.

**5. Principal Office Address**

No. and Street: 657 RUSSELLS MILLS ROAD

City or Town: DARTMOUTH

State: MA Zip: 02748 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 657 RUSSELLS MILLS ROAD

City or Town: DARTMOUTH

State: MA Zip: 02748 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	HAROLD MILLER, JR	657 RUSSELLS MILLS ROAD DARTMOUTH, MA 02748 USA
MANAGER	PAMELA A. REMY	657 RUSSELLS MILLS ROAD DARTMOUTH, MA 02748 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

BETH REMY 395 THAMES STREET NEWPORT , RI 02840

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

**Signed this 20 Day of November, 2018 at 11:36:13 AM 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 HAROLD MILLER, JR  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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