

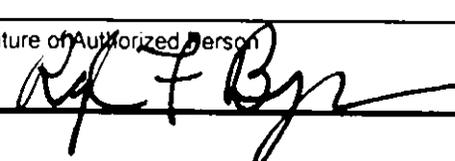


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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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. Entry ID Number<br><b>567026</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Bordeaux Traditions, LLC</b>                   |                            |                           |     |
| 3. NAICS Code<br><b>424820</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Wine Merchant</b> |                            |                           |     |
| 5. State of Formation<br><b>RI</b>  |       |   |                            |                           |     |
| 6. Principal Office Address<br><b>848 Hope Street</b>   |       | City<br><b>Providence</b>   | State<br><b>RI</b>         | Zip<br><b>02806</b>       |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                            |                           |     |
| Contact Name <b>Abraham A. Saleh</b>  |       |   | Contact Title <b>Owner</b> |                           |     |
| Street Address <b>848 Hope Street</b>   |       | City <b>Providence</b>  | State <b>RI</b>            | Zip <b>02806</b>          |     |
| 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  |       | Manager Name  |                            |                           |     |
| Street Address  |       | Street Address  |                            |                           |     |
| City  | State | Zip   | City                       | State                     | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                            |                           |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642  |       |   |                            |                           |     |
| <b>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.</b> |       |   |                            |                           |     |
| Name of Authorized Person<br><b>Raymond F. Bruzese</b>  |       |   |                            | Date<br><b>11/09/2018</b> |     |
| Signature of Authorized Person<br>   |       | 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**

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**BY**

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