



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

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2019 JAN -7 PM 12:48

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 787940		2. Exact name of the Limited Liability Company ADAM AND ALEX, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island TO OPERATE AND MANAGE ICE CREAM RETAIL BUSINESS			
5. State of Formation RI					
6. Principal Office Address C/O ANTHONY W. COFONE, 1140 RESERVOIR AVENUE		City CRANSTON		State RI	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MARTIN KORSIN			Contact Title MEMBER		
Street Address C/O A. W. COFONE, 1140 RESERVOIR AVENUE		City CRANSTON		State RI	Zip 02920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name MARTIN KORSIN			Manager Name		
Street Address 43 SUMMIT STREET			Street Address		
City NYACK	State NY	Zip 10960	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.					
<i>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.</i>					
Name of Authorized Person MARTIN KORSIN				Date 1/1/2019	
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
JAN 07 2019
BY **F19N3**