



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

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 SECRETARY OF STATE  
 CORPORATIONS 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. Entity ID Number <b>000870827</b>		2. Exact name of the Limited Liability Company <b>Colewillaidan, LLC</b>			
3. NAICS Code <b>424990</b> <b>42 Wholesale Trade</b>		4. Brief description of the character of business conducted in Rhode Island <b>Import Specialty Foods</b>			
5. State of Formation <b>Delaware</b>					
6. Principal Office Address <b>11 Broadcommon Road</b>		City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Christopher Zabriskie</b>			Contact Title <b>Manager</b>		
Street Address <b>11 Broadcommon Road</b>		City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Christopher Zabriskie</b>		Manager Name			
Street Address <b>29 Annawamscutt Road</b>		Street Address			
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	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 <b>Christopher Zabriskie</b>				Date <b>3/18/19</b>	
Signature of Authorized Person		SIGN DOCUMENT HERE			

**FILED**

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BY Ch YTK65

**MAIL TO:**  
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