

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019

FILED AUG 2 3 2019

02

Annual Report for the year: _ 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	1 Event name of	f the Limited Lie	hilib. Company	•	
1 -			· · · · · · · · · · · · · · · · · · ·		
000506711	Acaiberri, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
1-311411	ا	· T.	, , , ,		
5. State of Formation FRUIT Ju			lice		
A	R. I.				
R· + →					
6. Principal Office Address			City	State	Zip
50 King STREET			Sohuston	RI,	^{Zip} 0Z919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Angelo Aiello			Contact Title OWNER		
Street Address 50 King STreeT			CityTohnston	State T	Zip 0 2919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Angelo Ajello			Manager Name		
Street Address Street Address			Street Address		
City DMYSTON	State	Z102919	City	State	Zip
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 Augelo Aiello Date 8-21-19					
Angelo Aiello 8-21-19 Signature of Authorized Person Cungularia Occurrent					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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