Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI (20940-2615 (401) 222-3040 United Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I G. L. 7-16 66(d), each timited liability company failing or refusing to file its annual report within thing (20) days after the time prescribed by law (R.I G L 7- 16 66(bk.0)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 001063657 2. Exact Name of the Limited Liability Company CUTTING EDGE CULTURES LLC 3. State of Formation State: RI 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. S18210 A Principal Office Address No. and Street: 105 MAIN STREET City or Town: YAKEPFIELD State: RI zip: 02879 Country: USA A Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contry: N BinGHAM Contact Title: PARTNER No. and Street: 105 MAIN STREET 105 MAIN STREET City or Town: YAKEFIELD State: RI zip: 02879 Country: USA <td co<="" th=""><th></th><th></th><th></th><th></th></td>	<th></th> <th></th> <th></th> <th></th>					
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 relusing to lia is 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: 2019 1. ID No. 001063657 2. Exact Name of the Limited Liability Company CUTTING EDGE CULTURES LLCC 3. State of Formation State: RI 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. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SALES AND MARKETING OF FOOD PRODUCTS 5. Principal Office Address No. and Street: 105 MAIN STREET City or Town: Zip: 02879 Country: USA State: RI< Zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: ROY N. BINGHAM Contact Title: PARTNER No. and Street: Zip: 02879 <th>148 W. River Street Providence R1 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Piling Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or rolusing to file its annual report within thirty (20) days after the time presoribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 001063657 2. Exact Name of the Limited Liability Company CUTTING EDGE CULTURES LLC 3. State of Formation State: RI 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. 518210 ARTICLE III Article Address No. and Street: 105 MAIN STREET: City or Town: NAIKEFTELD State: RI Zp: 02879 Country: USA 6 Maling Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: No. and Street: 105 MAIN STREET: City or Town: YAKEFTELD State: RI Zip: 02879 Country: USA A Maing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do</th> <th>° s</th> <th></th> <th></th> <th>S Fee: \$50.00</th>	148 W. River Street Providence R1 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Piling Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or rolusing to file its annual report within thirty (20) days after the time presoribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 001063657 2. Exact Name of the Limited Liability Company CUTTING EDGE CULTURES LLC 3. State of Formation State: RI 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. 518210 ARTICLE III Article Address No. and Street: 105 MAIN STREET: City or Town: NAIKEFTELD State: RI Zp: 02879 Country: USA 6 Maling Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: No. and Street: 105 MAIN STREET: City or Town: YAKEFTELD State: RI Zip: 02879 Country: USA A Maing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do	° s			S Fee: \$50.00		
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No. and Street: 105 MAIN STREET WAKEFIELD State: RI Zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: ROY N. BINGHAM Contact Title: PARTNER No. and Street: 105 MAIN STREET State: RI Zip: 02879 Country: USA Contact Name: ROY N. BINGHAM Contact Title: PARTNER For the state: RI Zip: 02879 Country: USA No. and Street: 105 MAIN STREET State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address Title Individual Name Address Address	No. and Street: 105 MAIN STREET City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: ROY N. BINGHAM Contact Title: PARTNER No. and Street: 105 MAIN STREET PARTNER City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address Title Individual Name Address Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	SALES AND MARKETING OF FOOD PRODUCTS					
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Contact Name: ROY N. BINGHAM Contact Title: PARTNER No. and Street: 105 MAIN STREET State: RI Zip: 02879 Country: USA City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	Contact Name: ROY N. BINGHAM Contact Title: PARTNER No. and Street: 105 MAIN STREET City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country			[Zip: <u>02879</u>	Country: <u>USA</u>		
No. and Street: 105 MAIN STREET City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	No. and Street: City or Town: 105 MAIN STREET WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Per	son:		
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	No. and Street: 105	MAIN STREET				
DO NOT LIST MEMBERS Title Individual Name Address	DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	City or Town: WA	KEFIELD State: <u>RI</u>	Zip: <u>02879</u> C	Country: <u>USA</u>		
	First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		-	ility Company, if Appli	cable.		
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		Title					
	8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, Sta	te, Zip Code, Country		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROY BINGHAM 105 MAIN STREET WAKEFIELD , RI 02879

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

Signed this 19 Day of September, 2019 at 9:02:40 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 <u>ROY N BINGHAM</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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