Si Si	tate of Rhode Island and Pro Office of the Secreta	
	Division Of Business 148 W. River St	
HOPE	Providence RI 0290 (401) 222-304	
Limited Liability Com Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability comp n thirty (30) days after the time prescr penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2019</u>	
1. ID No. <u>001063657</u>		
2. Exact Name of the Lir	nited Liability Company <u>CUTTIN</u>	G EDGE CULTURES LLC
3. State of Formation		
State: <u>RI</u>		
	ARTICLE III	
0	code that best describes the primary la information on <u>NAICS</u> can be found	business conducted by the entity. Download online.
<u>518210</u>		
4. Brief Description of the	e Character of the Business Which	is Actually Conducted in Rhode Island
SALES AND MARKET	ING OF FOOD PRODUCTS	
5. Principal Office Addres	SS	
	MAIN STREET KEFIELD State: R	<u>I</u> Zip: <u>02879</u> Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	or Title of Contact Person:
	BINGHAM Contact Title: PARTNER MAIN STREET	
	KEFIELD State: RI	Zip: <u>02879</u> Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liab S	ility Company, if Applicable.
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER	

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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