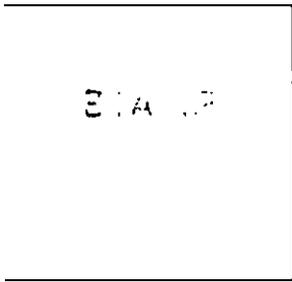




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Annual Report for the year: 2019
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 001660990 | | 2. Exact name of the Limited Liability Company Donovan Gray Distributors, LLC | | | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island engage in general marketing and distribution of microbrewery and related products Real estate holding Company. | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 87 Col. Christopher Greene Road | | | City Portsmouth | State RI | Zip 02871 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Joseph H. Olaynack III | | | Contact Title | | |
| Street Address 43 B Memorial Blvd | | | City Newport | State RI | Zip 02840 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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. | | | | | |
| 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 Matthew Gray | | | | Date | |
| Signature of Authorized Person <p style="text-align: center;">SIGN DOCUMENT HERE</p> | | | | | |

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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SEP 30 2019

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