



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

FILED

OCT 28 2019

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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 1670728		2. Exact name of the Limited Liability Company SEAPORT SHINES, LLC			
3. NAICS Code 4244820		4. Brief description of the character of business conducted in Rhode Island Wholesaler of spirit through RI Distributing to restaurants, bars and liquor stores			
5. State of Formation Rhode Island					
6. Principal Office Address 8 Yznage Avenue		City Newport	State RI	Zip 02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Sherry Brice			Contact Title Manager		
Street Address 8 Yznage Avenue		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 Sherry Brice			Manager Name		
Street Address 8 Yznage Avenue			Street Address		
City Newport	State RI	Zip 02840	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 Sherry J Brice				Date 10/18/19	
Signature of Authorized Person <i>Sherry J. Brice</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
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