



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

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SECRETARY OF STATE  
CORPORATIONS DIV

Annual Report for the year: 2019  
Limited Liability Company

2019 NOV 13 PM 1:51

- 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 <u>552277</u>		2. Exact name of the Limited Liability Company <u>Green Drinks, LLC</u>	
3. NAICS Code <u>115210</u>		4. Brief description of the character of business conducted in Rhode Island <u>Farming</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>140 Woody Hill Rd</u>		City <u>Exeter</u>	State <u>RI</u>
		Zip <u>02822</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Jonathan Bollwage</u>		Contact Title <u>Owner / Member</u>	
Street Address <u>140 Woody Hill Rd</u>		City <u>Exeter</u>	State <u>RI</u>
		Zip <u>02822</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>[Blank]</u>		Manager Name <u>[Blank]</u>	
Street Address <u>[Blank]</u>		Street Address <u>[Blank]</u>	
City <u>[Blank]</u>	State <u>[Blank]</u>	City <u>[Blank]</u>	State <u>[Blank]</u>
Zip <u>[Blank]</u>		Zip <u>[Blank]</u>	
Manager Name <u>[Blank]</u>		Manager Name <u>[Blank]</u>	
Street Address <u>[Blank]</u>		Street Address <u>[Blank]</u>	
City <u>[Blank]</u>	State <u>[Blank]</u>	City <u>[Blank]</u>	State <u>[Blank]</u>
Zip <u>[Blank]</u>		Zip <u>[Blank]</u>	
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 <u>Jonathan Bollwage</u>		Date <u>11/13/19</u>	
Signature of Authorized Person <u>[Signature]</u>			

## MAIL TO:

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

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