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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filling Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No. 000945633 | 2. Exact name of Fox Point P | of the limited liability of ickling Company | ompany y, LLC | | |
|--|--|---|--------------------------------|--|---|
| 3. State of Formation | 4. Brief descript shelf stable NAICS Cod | pickled vegetab | business conducted in Rhodiles | e Island | |
| 5. Principal office address 691 Main St. | | | City Warren | State RI | Zīp 02885 |
| 6. MAILING ADDRESS OF LIM | ITED LIABILITY | OMPANY AND NAM | E OR TITLE OF CONTACT P | ERSON: | |
| Contact Name Zared Goldfarb | | | Contact Title Owner | | |
| Street Address 33 Arlington St. | | | City Pawtucket | State RI | Zip 02860 |
| 7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME | | SSES) OF THE LIMIT | ED LIABILITY COMPANY, II | F 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 2019 |
| . RESIDENT AGENT IN RHOI | DE ISLAND | | | | |
| his information is currently | | ffice of the Secretary | of State. Changes require | filing Form 642. | |
| | , | FILED DEC 2 0 20 AL 57 | 119 | | RATICHS DIV |
| File Date Check No By: | · | 19:33 | Under penalty of per | any accompanying its contained herein | Firm that I have examined schedules and statement are true and correct. 11/19/2019 Date |
| • | OR SECRETARY OF STATE USE ONLY Zared Goldfarb Print or Type Name of Authorized Person | | | | |

Form No. 632 Revised: 01/2012